Florida HEALTH NOTES

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NOT QUITE LIKE OTHERS

When we speak of "Florida's children" we think of healthy boys and girls, those who will grow happily to maturity with a minimum of illnesses and handicaps. There are many such . . . but did you know that in Florida in the age group from birth to fifteen years of age there are approximately 815,000 children of whom about

2,000 are blind or partially-sighted?

10,000 are deaf or hard of hearing?

2,300 have cerebral palsy?

20,000 have speech problems?

1,500 are epileptic?

16,000 are mentally retarded?

19,000 are emotionally disturbed?

8,000 are crippled — that is, have some kind of bone, joint or muscle limitation? . . . not to mention others who have such disabilities as rheumatic heart disease, kidney disease, etc.

That's a lot of children who must endure handicaps, ranging all the way from a speech defect to complete inability to walk, from a hearing loss to severe mental deficiency. We all feel strongly that something should be done for these children. Yet, strange as it may seem, interest in the physically and mentally handicapped is of recent origin. It used to be that a disabled person often had no choice but to be a street beggar, a family dependent (often shut off from the world by a shamed family), or the inmate of a public poorhouse or charitable asylum.

FLORIDA HEALTH NOTES

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But today we have a changed attitude. We no longer feel that the best way to solve the problem of the handicapped is by dropping coins in a crippled newsboy's hat or by sending a Christmas basket to a family with an "unfortunate" child. We try to think constructively about how to prevent handicaps, or if this is not possible, to correct the condition as much as possible and help the person with a handicap become a useful member of society. And this change in our thinking did not come about just because of our humanitarian impulses. As our span of life has lengthened, the number of crippled and disabled persons in the population has become a serious economic problem. It has been estimated that one-fifth of our people today have handicaps ranging from minor disabilities to total disability.

No realistic person is foolish enough to believe that all defects, either in children or adults, can be helped or cured. But this issue of HEALTH NOTES is concerned with certain children with handicaps, many of whom can be helped. And frequently when a handicap is remediable it is much easier and cheaper to remedy it in childhood, even if we are callous enough to ignore the unhappiness and lifelong effects of allowing it to continue.

There are many groups and organizations, both public and private, who are concerned with children with handicaps. In an effort to show just a little of the work that some of these organizations are doing and how "teamwork in action" benefits the children concerned, we herewith present a series of sketches about real people whose names and stories have been disguised so as to prevent identification.

B. D.

His name was Bob Dick but he was called by his initials to distinguish him from his dead father. He was just an average boy and did fairly well in school until he got to the fifth grade. Here he seemed to have a great deal of trouble in learning and as his grades fell he slowly began to develop into a sullen, disobedient, child, given to playing hooky and running around with older boys. His **teacher** warned him and his **mother** that he would not pass to the sixth grade. His mother confessed she could do nothing with him and even spoke of trying to get him placed in the Florida Industrial School. But he certainly was not a juvenile delinquent and this was not the answer to the problem.

One day a **public health nurse from the County Health Department** came by the school and taught B.D.'s teacher how to do simple vision testing to screen out those students with the most obvious lack of vision. Much to the teacher's surprise, she found that B.D. could see only the largest symbols on the chart. A note was sent home to his mother, telling her of this fact and urging her to take him to an **eye specialist** for an examination. There he was diagnosed as having an eye condition which was gradually getting worse, and the doctor told his mother that he was afraid he would eventually lose his sight. It was decided to see if an operation would help to save his sight. Since his mother had only a small income, the **Florida Council for the Blind** was contacted. They arranged for the operation, which was successful only in that it left him enough vision to distinguish light from darkness and large objects.

It was later decided that in view of a rather unfavorable home situation, it would be best to put him in the **Florida School for the Deaf and Blind** at St. Augustine, where he is today. His vision will never improve but so far as is known he is making a pretty good adjustment to his new life and is getting a good high school education to prepare him for the years ahead. If he continues to show promise, he may go on to college or take some special technical training.

Johnny Lou

When Johnny Lou Hazen was born, she was a fine healthy baby, but after a few months her **mother** noticed that there was something wrong with one of her legs. She took Johnny Lou to the **well baby clinic** at the **County Health Department,** where she was told by the **pediatrician** that her baby had apparently been born with a dislocated hip. The **public health nurse** referred her to the weekly **clinic** held by the **Florida Crippled Children's Commission**. There an **orthopedic surgeon** examined her. He explained to Mrs. Hazen that it would be necessary for the baby to have casts applied regularly, and later on surgery would be performed.

Mrs. Hazen went home and told her family what the doctor said, and her mother-in-law told her she was foolish to let them cut on the child, that she'd outgrow her "trouble." But as a few more months went on and the "trouble" did not disappear, Mrs. Hazen took her courage in her hands, defied her mother-in-law, and went back to the Crippled Children's Commission clinic. The doctor advised Mrs. Hazen to bring her mother-in-law to see the children's hospital where Johnny Lou would stay. When the older Mrs. Hazen saw how happy the children were and how well they were cared for, she agreed it was a good idea for Johnny Lou to have the prescribed treatment.

Later on, a **physical therapist** with the hospital showed Mrs. Hazen how to exercise her child's leg. Today at five years, Johnny Lou walks almost as well as any other child in the family.

Timothy

Timothy's **parents,** Mr. and Mrs. Godfrey, were really two of the nicest people you'd meet. And before he was born, his mother went regularly to her **doctor,** and his father made all kinds of small-scale furniture for the new baby. They had waited ten years for a child and how happy they were when Timothy arrived! He seemed all right at birth, but when he was almost a year old he still couldn't sit up by himself. Mrs. Godfrey had taken Timothy every month to their **pediatrician,** and he had been telling her he believed there was something wrong with the baby. Finally, he told her he believed Timothy had cerebral palsy; that he was what some people called a "spastic." A **specialist** confirmed this diagnosis. Mrs. Godfrey felt that maybe something she had done during pregnancy was to blame, but her doctor explained it was probably due to a birth injury that no one could have helped. He also told her that she would have to have special help in training Timothy. It would take longer for him to learn, but fortunately he seemed to have good mentality. (Not all those who have cerebral palsy do.) Mrs. Godfrey's physician also suggested that she take Timothy to the weekly clinic held by the **Florida Crippled Children's Commission** for a more complete evaluation of his condition. This she did and there a **cerebral palsy consultant,** an **orthopedic surgeon,** a **pediatrician, psychologist, speech pathologist,** and **physical therapist** considered his case. They recommended that Mrs. Godfrey continue to keep the baby under the care of her private physician but to enroll him in the treatment center in her own home town, operated by the **Florida Society for Crippled Children.** There he receives the treatments recommended at the moment: physical therapy and speech training. He will be taught how to use his body as best he can and will enter the elementary school conducted at the center.

The Godfreys know they must help Timothy in many ways to learn to do just ordinary things like walking, playing, or feeding himself. They know, too, that he will never be quite like other children, but they have the satisfaction of realizing that they have done everything possible to find the people who can help him best.

Julia

Julia Bryant was about three when she began having what her mother called "fits." She would "fall out," froth a little at the mouth, get stiff, and be unconscious for a short while. Her family became used to these mild seizures and didn't see any necessity for taking her to a doctor. Uncle Henry had had fits and they just figured it ran in the family.

The Bryants lived out in the country and when it came time for Julia to go to school nobody bothered to mention to the teacher the fact that Julia had these seizures. They hadn't been very bad for the past year and often she was "out" for only a minute or two. The **teacher** was young and new in her profession. She had never seen a child have an epileptic seizure. The second day of school Julia, obviously excited about this new venture, had a fairly severe epileptic seizure, fell and cut her head on a table and bit her tongue which caused blood to run from her mouth. The children screamed and so did the teacher, who immediately ran for the **principal**. The latter knew about epilepsy and calmed the other children as best she could as well as the teacher. Julia was taken home for the rest of the day and next day when she came back the other children eyed her curiously. The teacher was, frankly, scared to death and quite plainly told the principal she wished she didn't have Julia in her room.

The **public health nurse from the county health department** called that day and was told about the situation. She offered to go to the Bryant's home and talk with the parents and see if they wouldn't take Julia to a **physician** or **clinic** where a diagnosis could be made. The nurse talked first to the **guidance teacher** for the school system and they decided they would recommend to the Bryants that Julia be brought to the **Child Guidance Clinic** in a nearby city. (The guidance teacher was also asked to help Julia's teacher to understand the situation so that she wouldn't be frightened when Julia had an attack.) The Bryants were agreeable and Julia was brought to the clinic where a definite diagnosis of epilepsy was made. She was then referred to a private physician who ordered some medicine, which helped to reduce the number and severity of Julia's attacks. She is presently doing very well in the fourth grade and the mother has been taught to always take Julia to school the first day, explain to the teacher about her condition and advise what should be done if she has an attack, which is rare these days. The teacher, in turn, helps to interpret to Julia's fellow students her special problem when it arises.

Andrew

Andrew's **mother and father,** Mr. and Mrs. Hill, (high school teachers) noticed that Andy appeared inattentive at times during the summer of 1953 but then he was only four, and who would expect a small boy to always come when he was called! That fall they both decided to enter the University of Florida for some graduate work. Uneasily, they confessed they had noticed Andy's inability to hear well when it was called to their attention by the **teacher** in the nursery school where they enrolled him. But they thought it was a childish phase that would pass. The nursery school teacher suggested that they take Andy to the **Florida Center of Clinical Services** right there at the University. Here he was referred to the **Speech and Hearing Clinic.** A **specialist** confirmed the fact that Andy had a pronounced hearing loss in both ears. It was thought that perhaps some special medical treatment would clear up the condition causing the deafness, but in the meantime he was to receive special attention at the clinic once a week. Here emphasis would be placed on helping him to speak correctly as deafness and poor speech are so frequently found side by side. He was also given lip reading instructions. The parents, teacher, specialist and **social worker** held a conference so that all of them might contribute to Andy's training program. The Hills are learning new ways of dealing with their child — and what is more, are helping to teach Andy how to live with his disability. They are grateful that his hearing loss was detected early so that he can benefit from proper treatment and special education.

Louise

At the age of fourteen Louise Monk was picked up in a big Florida city railway station when it was obvious she had no luggage, railway ticket or anywhere to go. She had come from a little town about 100 miles away. A **social worker** put her in a children's shelter for a few days and notified Louise's **uncle**. Louise's **mother** was not available — she was off somewhere with a new husband — her fourth. The uncle came to talk with the social worker but confessed he didn't know what to do about Louise. She really was not his problem, "and she seemed to get so upset whenever her mother got married again."

Louise was put in a foster home and started to school until it could be decided what the future held for her. But she didn't get along well with her foster mother or the other children in the family. She was moody and sullen and yet was a very competent cook, seamstress, and housekeeper, especially so when you considered her age. She did poorly in school and was rather careless about her dress.

One day the **teacher, social worker** and **foster mother** sat down to talk about her situation. It was agreed that she was becoming more depressed every day and so it was decided to refer her to the local **Child Guidance Clinic.** After a number of sessions the **clinical psychologist** at the clinic reported that she was a child of more-than-average ability; that her mother's numerous new husbands and her own doubtful status in her home had produced great emotional distress; that she urgently desired love and affection which she received only occasionally; that she desperately wanted to confide in someone but had never found anybody whom she could completely trust. She returned to the clinic once a week for **treatment.** This went on for about three months and Louise began to "come alive." Her school work improved a little and she seemed happier in her foster home. Then one day her mother appeared and tearfully swore she would make a good home for Louise; that all her mistakes were behind her. Louise was wild with delight at seeing her mother again and since the law is always loathe to separate a mother and her child, Louise went off with her — to what?

George

George's **family**, the Lowdens, lived in a better-than-average home; his father a lawyer, had a modest practice. George was thirteen when poliomyelitis (infantile paralysis) struck him. His **physician** immediately contacted the local chapter of the **National Foundation for Infantile Paralysis** who offered to help the Lowdens, both during the acute stage of the illness as well as during convalescence. They knew that the average family is not prepared to meet the tremendous expense of a "catastrophic" illness.

George was admitted to a children's **hospital.** The **Florida Crippled Children's Commission** took him under their care and agreed to furnish medical care, and the National Foundation for Infantile Paralysis agreed to provide hospital care and such things as braces if they became necessary. A **physical therapist** in the hospital gave him special exercises and treatments after a while. The one George liked best was the whirlpool bath. While he was in the hospital, he was able to keep up with his school work because the **exceptional child program of the public schools** furnished a teacher just for this institution. When George grew stronger, an **occupational therapist** taught him how to make many attractive and useful things, thus helping to pass the time as well as strengthening his arms and hands.

One time when he had surgery and had to stay home for a couple of months, a **homebound teacher** came twice a week and helped him with his studies so he wouldn't fall behind in his class. When he was sixteen, a counselor from the **Vocational Rehabilitation Service** (the State Department of Education) visited him to offer guidance, training, and assistance in selecting a vocation suited to his particular disability. Today at 18, he looks forward to graduation from high school next year and has about decided he would like to be a lawyer, like his father. He still walks with some difficulty but makes his way most places unaided.

Berta and Bess

They were twin girls. Lively, full of mischief and into everything, they were at once the joy and despair of their **grandmother,** Mrs. Pitts, who took them to raise when their own mother died at their birth. Two **aunts** who lived at home helped to spoil them. Everyone felt sorry for them and exclaimed over their cute ways. Their speech was practically unintelligible and the family actually encouraged it as baby talk. Finally, the fact burst upon the family that it was time for the twins to go to school and hardly anyone outside the family could understand what they said. What had happened was that they had developed a vocabulary of their own and since they could converse with each other in their own language, just hadn't bothered to talk like other people did. Unfortunately, their peculiar language had persisted for so long that they had a lot to unlearn. The **teacher** asked the **speech correction teacher** who visited the school to help them overcome their difficulties. The latter arranged for them to have speech training for three periods a week at school; their grandmother was taught how to help them speak correctly at home, and they were separated at school and put in different classrooms. Here they had to learn to make their wants known to people who didn't understand their own peculiar vocabulary. It is now over two years since they began school, and their speech is much improved. They must still be helped but it is hoped that eventually their speech will be corrected to the point where they can more easily fit into their everyday world.

Merle

She was a beautiful child. Round, chubby, blonde and blue-eyed. Very slow to walk and talk, her **parents,** Mr. and Mrs. Ansone, excused it on the grounds that they were intelligent enough to recognize that all children have different stages of development. Eventually, she learned to walk and talk, but she retained her babyish habits long after she had left babyhood. For example, she frequently wet herself even at the age of five. Merle didn't grasp things as easily as her playmates and the children, with typical cruelty, called her "dumb" and "stupid." Her parents tried to ignore all these signs and put her in public school at six years of age. The **teacher** recognized within a few days that here was a child whose mentality had not developed like other children at her age. She talked the situation over with the **principal** and the **public health nurse from the country health department.** The latter went to see Mrs. Ansone, who cried as she admitted she knew something was wrong, but had not wanted to recognize it. Merle was referred to the nearest **Child Guidance Clinic,** where the **psychologist** found that she was mentally retarded. She began to be a behavior problem in the classroom. She could not keep up with other children and she was always jumping up from her seat, running around the room and disturbing the other children when they were occupied. The Ansone's **family physician,** their **minister,** and the others named above, finally persuaded the Ansones that Merle should be put in a special class for slow learners. There she would receive special attention and as time went on, be taught occupational skills rather than be given knowledge which she could not grasp. The Ansones realize now, as much as they hate to admit it, that she will never be a normal child or adult and must have special education and supervision; that if demands beyond her "capacity to do" are not made, she can perhaps become a useful member of society.

Some Special Problems of the Handicapped

Like so-called "normal" individuals, the handicapped have their problems, many of which are aggravated by their condition. The knowledge that he is "not quite like others" may be brought forcibly to the atttention of the handicapped child very early in life. The unwitting cruelty of other children, the inability to participate in normal childhood play, may quite early bring his "difference" to his own attention. Parents can do much in preparing such children to cope with their problems. Indeed most successful handicapped individuals attribute their good adjustment to understanding fathers and mothers.

What then are some of the things that parents of handicapped children should bear in mind as they rear them? First and foremost, they should always remember that their child has the same drives and aspirations as any other child. Remember, he is first a child, and secondly a child with a handicap.

A normal wholesome environment at home or school where the child feels wanted, where he shares in the general activities, where he is treated the same as other children — usually this helps to produce an emotionally stable individual, one who is able to cope with the problems of daily living. For the child who is handicapped, this ability is all-important. He is a member of a minority group, and as such, will have to adjust to the ways of the majority. His happiness, his very livelihood will depend on this adjustment. The rules of the game of life will not be changed for him. He will have to make his adjustment to those rules as his physical abilities permit.

One of the most common failings of parents and teachers is a tendency to over-protection. This is not good for the so-called normal child, but for the physically handicapped it is doubly injurious, because it fails to recognize that quite often the crippled child will become a crippled adult.

? ? ? ?

How many people, agencies, organizations and the like were named in the preceding stories — and how many more were not mentioned because of lack of space? How many more handicaps were not discussed: cleft palate, harelip, muscular dystrophy, cancer, and burns to mention just a few?

Listed below are some of the organizations engaged in helping handicapped children. **Note particularly how many work together.** There are undoubtedly others who serve children in specific areas to whom credit is also due — our apologies to those we have missed or have been unable to mention because of space limitations.

The Florida Crippled Children's Commission, Tallahassee, is empowered to provide for the examination, care, and treatment of crippled children of indigent or partly indigent families. Funds for their work come from the State Legislature, federal funds, and the **Nemours Foundation.** Conditions treated by the Commission center mainly on late effects of polio, cerebral palsy, congenital malformation, infection of bones and joints, birth injuries. and burns.

The American Legion Posts and their **Auxiliaries,** who sparked the formation of the Crippled Children's Commission, have been one of the most potent sources of assistance to handicapped children in the State. They usually sponsor the Crippled Children clinics and frequently provide transportation, facilities, and meals on clinic days. If medical care or other services are needed for children of veterans, and they are not available through other organizations, the Legion's Co-ordinated Child Welfare Council will provide up to $100.00.

County Health Departments, which represent the **State Board of Health** on a local level, also furnish services to children. Public health nurses in 66 of our counties (in addition to their many other duties) play an important role in case finding and follow up of handicapped children; assistance in organizing and conducting rural clinics; transportation of children to and from clinics and hospitals, and education of families about the proper care of their children.

The State Department of Education (through local **Boards of Public Instruction)** has inaugurated "The Exceptional Child Program" in 48 counties for those who differ from other children in some way (including the mentally gifted) and who require a specialized type of education. The **Vocational Rehabilitation Service** of this same department counsels those youths

whom it is known will have to be taught special vocational skills in order to earn a living; it undertakes to train for employment those disabled persons whose chances of making a livelihood have been impaired by disease or accident.

The eight **Child Guidance Centers** located at Miami, Jacksonville, Tallahassee, Tampa, Orlando, St. Petersburg, Bartow, and Daytona Beach do much to help the emotionally disturbed child. The **Florida Association for Mental Health** with its various local organizations does much to keep interest high — in the clinics as well as working for better conditions at the **Florida Farm Colony** and the State Hospitals at Chattahoochee and Arcadia.

The University Guidance Center at the University of Miami functions as a counseling and treatment center not only for its students but also for others needing its services within that geographical area.

The same type of services as above are also available at the **University of Florida's Center for Clinical Services** where its speech and hearing clinic is an example of its work. These services are available to all citizens of Florida.

Florida State University offers a **Child Counseling Service** where basic problems of growth and development are discussed with individual parents and groups.

The Florida Society for Crippled Children is a voluntary agency, supported primarily by Easter Seal sales, whose interest in the handicapped in the State is epitomized by: ten treatment training centers in major cities, and Camp Crystal Lake near Keystone Heights, a special summer recreation spot for handicapped children.

The **Florida State School for the Deaf and Blind** at St. Augustine is for the education of all children who are too deaf or too blind to be properly educated in their own home-town public schools.

The **Florida Children's Commission** is the State's planning and co-ordinating program that is concerned with the problems of all children. It is required to make recommendations to the governor and the legislature on legislative matters pertaining to children.

The **Florida Council for the Blind** is a State agency concerned with the prevention of blindness, sight restoration, and sight conservation in people of all ages. The Council is unique in that it also works for vocational rehabilitation of the blind through counseling, training, and placement as well as providing medical care.

The **Elks** are known for their support of the Harry-Anna Crippled Children's Home at Umatilla, where many convalescent children from the Orlando area, serviced by the Florida Crippled Children's Commission, have received excellent care and education.

A few localities have **Muscular Dystrophy Associations** which are primarily concerned with raising funds for research into the-yet-unknown cause of this disease, (which is associated with progressive muscular weakness) and providing wheel chairs and other comforts for its victims.

The **Shriners** (a Masonic order) hold clinics several times each year in Florida, for the purpose of admitting children to their hospitals in other states, and in following up those previously treated.

The **Florida Society for Mentally Retarded Children** works valiantly, through its local organizations, for special facilities and schools for this handicapped group.

The **United Cerebral Palsy Associations**, a newcomer to Florida, are local organizations concerned with setting up treatment facilities for this disability, and contributing to research projects in this field.

The Need for Teamwork

Fine as the various services are for the handicapped children in Florida it takes the joint efforts of agencies, public and private, as well as interested individuals, the medical profession (and others allied to it) to provide the maximum help for each child.

There has been a marked increase in the number of organizations devoted to bringing the public's attention to specific diseases and crippling conditions, particularly in children (whose emotional appeal is naturally enormous). There is no doubt as to the humanitarian motives of such organizations, but unless wisely led, and unless they realize how other organizations in this field are already functioning, problems are bound to arise. And in any misunderstandings that follow, the persons most affected will be those we wish to aid — children with handicaps.

Unmet Needs

There are many lacks in our services to children with handicaps. We could use an issue of Health Notes just to list them! Here are just a few as we see them:

1. Increased parent and public understanding of the special needs of this group of children without resorting to sentimentality or exploiting the child even for his own benefit.

2. More and better-trained people to help solve some of the problems of this group of children, such as physical therapists, psychologists, etc.

3. More emphasis on the problems of:

Rural children (getting to clinics, receiving physical therapy, etc.)
Children in the pre-school and adolescent age group
Mentally retarded children
Better training for children with cerebral palsy.

4. Better working relationships between the various organizations working with children with handicaps.

5. Increased number of services for children with emotional and behavior problems.

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"When they told me that my child was blind,
That he would never see, I said
'Then I will be his eyes, he'll see through mine,
I'll lead him by the hand and comfort him
As long as I shall live.'
As long as I shall live? Then when I die
He'll be twice blinded. No.
My son must not depend on me.
Man does not see with eyes alone;
I must find schools, and teachers who will bring him
The message of his ears and hands and feeling fingertips.
It will be my task to give him courage,
Love of all living things,
Desire for truth, so that at last
My son may stand alone, serene,
A man, ready for all that life may offer him,
And by his spirit's never-dimming light
My son shall see."

Mary Raymond

The State Board of Health

1217 Pearl Street or P. O. Box 210

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All counties in Florida have organized county health departments except St. Johns County

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Florida HEALTH NOTES

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GRADE A MILK FOR FLORIDA

Vol. 46 No. 2

GRADE A MILK FOR FLORIDA

Florida's noble dairy cow
Stands beneath the live oak bough
Contented that her reputation
Is good as any in the nation.

With her production scrutinized
By experts qualified and wise
The consumer may imitate her action
And breathe a sigh of satisfaction.

This is all very true.

While perhaps offending the muse, it is acknowledged with gratification by State officials and dairymen who have worked to bring about the happy situation.

There are two things a Florida housewife can be sure of when she takes her Grade A milk off the porch — or buys it in the store.

She is getting a product that is:

WHOLESOME: — The Florida Milk Law has requirements that are more rigid than those recommended in the model milk code, set up by the United States Public Health Service.

SAFE AND CLEAN: — The milk itself has undergone thorough laboratory tests. All equipment and utensils used in producing and distributing it have been subjected to strict sanitary

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Pipeline milking — no hands.

Dairy herds are checked periodically for disease by veterinarians and representatives of the FLORIDA LIVESTOCK BOARD.

A State agency which does not control, but assists the dairy industry in other ways is the UNIVERSITY OF FLORIDA, through its Department of Dairy Science and Agricultural Extension Service. From them the dairyman can get advice on the production and processing of milk, how to improve his pasture and the health of his herd.

The State Board of Health feels that its work with the dairy industry today involves education and technical assistance rather than police action. The Board recognizes the fact that control agencies have a responsibility to the industry as well as to the consumer.

More and more, the dairyman and control official are becoming an integrated unit dedicated to producing the highest quality and safest bottle of milk possible.

inspection. The cow, too, gets a going over, to see that she is healthy and free from disease.

Keeping milk in Florida wholesome and safe is a tremendous job, and no one agency, public or private, could do it alone.

There are about 1400 producers and 160 distributors serving approximately three million consumers in the State.

If people stopped drinking milk, serious health problems might arise. It is a vital part of every diet.

At the same time, milk is an extremely perishable item and can spread many diseases if improperly handled.

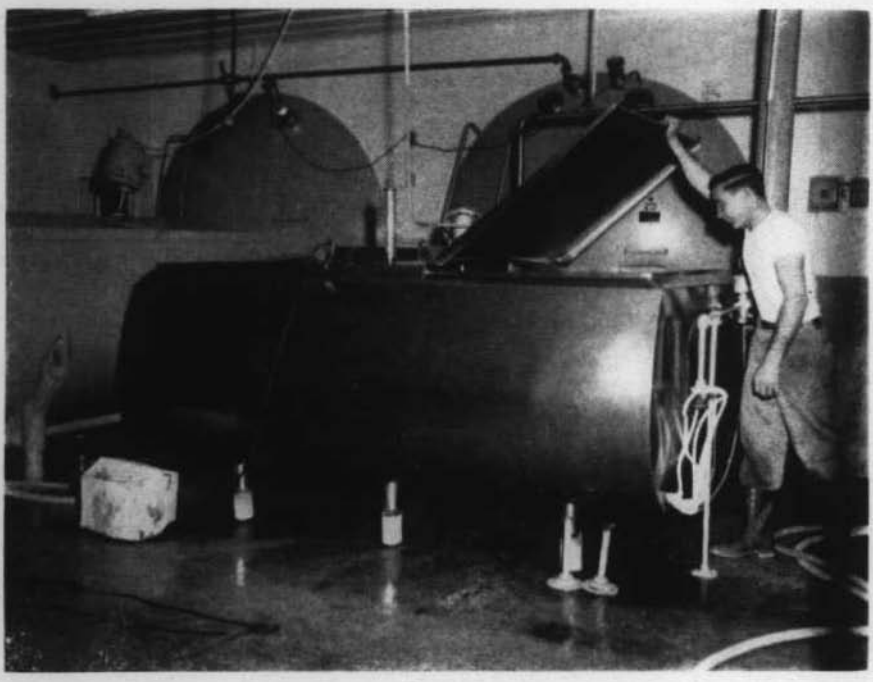
It is easily contaminated. Little things, like a speck in a milk bottle or a fly, might cause big trouble.

Sometimes the cause of contaminated milk may be the cow itself, which can pass on to humans such diseases as bovine tuberculosis, undulant fever and septic sore throat. Other diseases are transmitted by humans who handle milk. They include typhoid fever, cholera, dysentery, scarlet fever, diphtheria, septic sore throat and human tuberculosis.

Milk is not only nature's most nearly perfect food, but it also is a good food for bacteria or disease germs. Therefore, the dairymen in Florida work closely with supervisors and other representatives from several State agencies to keep our milk safe.

Once a month or oftener the milking barns of producers and the plants of distributors get a thorough going over by a sanitarian from the COUNTY OR CITY HEALTH DEPARTMENT, who usually will be accompanied by someone from the STATE BOARD OF HEALTH or the STATE DEPARTMENT OF AGRICULTURE. He also takes samples to be sent to one of the State Board of Health laboratories for both chemical and bacteriological analyses to assure the consumer a pure, safe, wholesome product.

The dairyman keeps in close touch with the FLORIDA MILK COMMISSION, which safeguards the economic well being of the industry and regulates the price of milk. Both producers and distributors must file monthly production reports with the Commission.

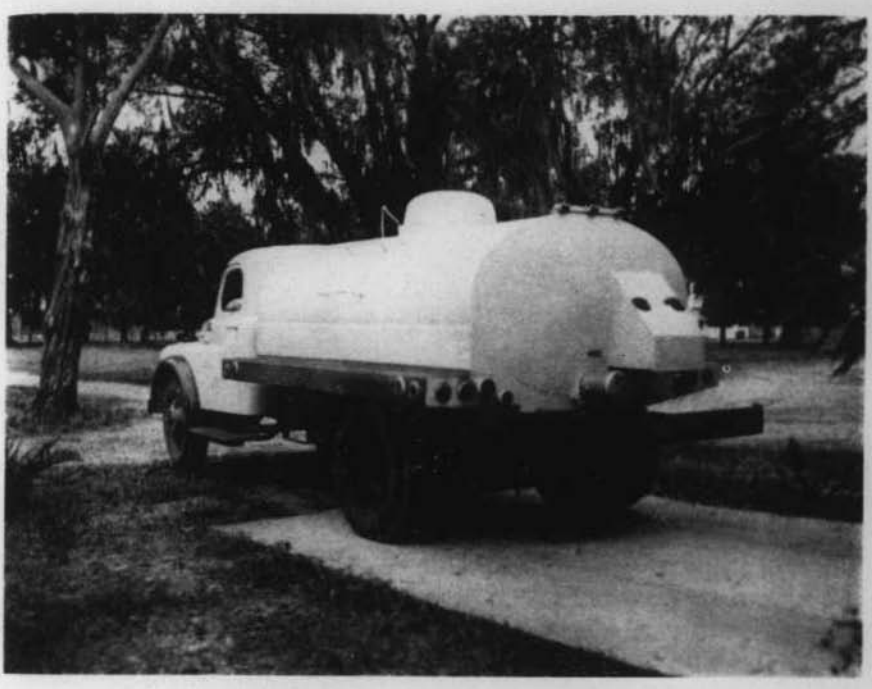


Cold wall tank keeps milk refrigerated.

Although many agencies are at work in Florida to keep milk from becoming a problem, there is very little overlapping. In areas where it could exist, officials of the agencies confer on establishment of uniformity of controls.

THE STATE DEPARTMENT OF AGRICULTURE, through its Chief Dairy Supervisor, has the primary responsibility of administering and enforcing all State laws dealing with the production and distribution of milk, cream and milk products.

Its supervisors usually work through County and City Health Departments, with their sanitarians, who actually are in more frequent contact with the dairymen. The supervisors keep up with new developments by attending short courses and field trips, getting information to pass along to Health Departments and dairymen.



Tank truck — a thermos on wheels.

The office of milk inspector, or chief dairy supervisor, as it is now called, was created in 1929, when the first statewide milk law was passed. The task of administering it was given to the Commissioner of Agriculture, Nathan Mayo, who was convinced that the State could build a great dairy industry if protected from unfair competition of inferior products.

THE STATE BOARD OF HEALTH AND COUNTY HEALTH DEPARTMENTS work closely with the Department of Agriculture, as was the intent of the milk law, which reads in part:

"The provisions of this chapter shall be enforced under the supervision of the Commissioner of Agriculture, by inspectors of the Department of Agriculture. It may also be enforced by health officers of the various municipalities and counties of the State of Florida.

"There shall be the fullest cooperation and exchange of information between the State Department of Agriculture and the State Board of Health in making of any surveys, investigations and inquiries. . . . Whenever the findings show any hazard to public health existing . . . the Commissioner shall take such action as may be necessary . . . to remove such hazard. Provided nothing herein shall limit the authority of the State Board of Health to take immediate action when it appears necessary in the interest of public health."

In view of this, the enforcement of all local milk ordinances can be administered by the County or City health departments.

On the State level there is the Milk Consultant, with the State Board of Health, who studies new developments and passes the information on to the local health departments. Like the Department of Agriculture supervisors, he works with local sanitarians in the counties.

From time to time, the consultant, along with the supervisors and sanitarians, will inspect all dairies in a particular area to see if they are meeting standards required to have their milk designated Grade A. Only Grade A milk can be sold in fluid form in Florida. To be so designated, the milk must be of a certain quality and produced and processed under the most sanitary conditions. The program to maintain Grade A standards in the various milk areas is called the Quality Control Program.

In his travels over the State, the milk consultant works also for uniformity of enforcement in all sections, and assists the U. S. Public Health Service by approving sources supplying trains, busses, boats and planes in interstate movement.

At its Central Office, the State Board of Health also maintains a Central Milk Registry, which summarizes information from county health departments on dairies in Florida. This information is available to all health departments and other agencies.

All milk samples collected by County Health Departments are analyzed at the State Board of Health laboratory in Jacksonville or at one of its branches located strategically throughout the State.

In regulating the price of milk, The Milk Commission establishes a floor and may establish ceiling on all grades at the wholesale and retail level. The price paid to the producer by the distributor is also fixed. Public hearings and investigations on production costs and other aspects of the condition of the industry precede all price orders in each marketing area.

Replacing the milk control board, which was organized in 1933, the Commission was created by Legislative act in 1939, at which time the milk industry in all its phases was declared a "business affecting the public health and interest of its citizens" and a "paramount industry upon which the prosperity of the State and the welfare of its citizens in a large measure depends." The law was called necessary "to correct abuses arising from the destructive and unfair manipulation of prices which are found to spring from a selfish disregard of the public interest."

On the Commission are three consumer members not connected with the milk industry, plus a representative of the State Board of Health, a representative of the Department of Agriculture, a dairy farmer and a distributor or producer-distributor. All are appointed by the Governor.

Some services for the Commission are performed by the State Board of Health and the State Department of Agriculture, but it also has its own employees.

The Milk Commission has broad powers at its disposal to keep the milk industry economically sound. It may:

Hold hearings, receive sworn testimony and evidence, classify and establish definite market areas, establish health and sanitary requirements, establish grades, set up regulations for fair competition, require examinations of licensed applicants, revoke or refuse to issue licenses, assist in the transfer of milk from one area to another to assure an adequate supply, require that records on production and distribution be kept by the industry.

At the 1953 session, the Legislature changed the Milk Commission law to exempt from price regulation milk sold to public school lunch rooms and to charitable groups who buy it for the needy.

THE UNIVERSITY OF FLORIDA in Gainesville is the hub of much dairying activity in the State, and the source of much information.

The Department of Dairy Science conducts many experiments in milk products and milk production. Nearby in the town of Hague is its dairy farm unit, which boasts a herd of pure bred Jersey and Guernsey cattle, kept for experimentation in production and pasture improvement.

Besides teaching its regular students, the department sponsors conferences and short courses for sanitarians, plant operators, herdsmen, laboratory workers and other groups in the industry.

The Florida Agricultural Experiment Stations also work with herds, pastures and feeds. The results of experiments are passed on to the cattlemen and dairy owners by the Agricultural Extension Service, through its State Extension Dairyman, County Agents and other extension personnel.

The County Agent is primarily concerned with the economics of production of milk by the farmer. He works for better pastures, more home grown feeds, higher production per cow and raising replacements for the milking herd. All of these things add up to quality milk.

A new generation of experts is on its way up. Four H clubs encourage boys and girls to raise their own dairy cows, which are entered by the hundreds in contests each year.

Operation of the clubs is financed by Federal, State and County funds. When the time comes for a show, local civic and business groups will join with public agencies in putting up prize money. With each ribbon goes some cash.

Youngsters who do not have enough money to pay cash for a calf are often helped by some group in the community. In one county, the banks may arrange these loans, which are repaid in part with money from prizes won by the cow, or from sale of her calves and milk.

Private business firms often step in and help finance an out of state trip for a boy or girl and a prize winning cow.

So 4-H Clubs are really a community affair.

Four-H members compete for ribbons.

THE FLORIDA LIVESTOCK BOARD touches on the dairy industry because of its concern with the health of the cows. In cooperating with the Federal Bureau of Animal Industry, it conducts a control program for tuberculosis, brucellosis and other contagious diseases of cattle. Through the State mastitis control program, it educates the dairyman in better milking methods, thereby aiding in the prevention of this disease of the udder. The board also is responsible for the control of other infectious and contagious diseases of livestock.

All of the activity of these various groups is resulting in Floridans today getting a really good quart of milk for their money.

How much food value there is in milk depends on the butterfat and "solids not fat" content.

The U. S. Public Health Service code sets up minimums of 3.25 per cent butterfat and 8.25 per cent solids not fat.

The Florida milk code requires a minimum of 3.25 per cent butterfat and 8.50 per cent solids not fat.

Individual city ordinances are more demanding. In Miami, Tampa, St. Petersburg and most other Florida cities, the requirements are 3.50 butterfat and 8.50 s.n.f. Jacksonville requires 4.00 butterfat and 8.50 s.n.f.

The Florida consumer can be assured that he is getting from his quart of milk the following daily nutritive requirements for the average man:

All the calcium necessary for one day
All the phosphorous or practically so
Vitamins A B C D and G
One third or more of the protein
One fourth of the energy

Furthermore, milk is probably one of the most economical food buys. There is no waste. Every drop can be used, and the cost is low in proportion to food value, as well as in comparison to the cost of other major foods.

THE LABORATORY is the watchdog of the milk industry.

With painstaking routine it checks the samples that arrive daily in iced containers. Everything goes along smoothly until an unsatisfactory sample appears. Then the pace quickens. The report goes out to the local sanitarian, who gets busy immediately checking possible causes of the trouble, working with the dairyman until the difficulty has been located and eliminated.

The sanitarian periodically collects retail samples of dairy products from delivery trucks or the dairy plant. He gets wholesale samples from cold wall tanks at the farm or from the plant. The samples are packed in ice before shipment to maintain a low temperature and prevent bacterial growth while in transit. State Board of Health Laboratories are located in seven cities—Jacksonville, Tampa, Miami, Orlando, Pensacola, Tallahassee and West Palm Beach — to facilitate transportation of all specimens.

Sanitarian from County Health Department checks clean up.

At the lab, the milk is put through many tests to find if it is safe, clean and wholesome. They include:

1. Plate count, to determine the number of bacteria present.

2. The coliform test. Run on pasteurized milk to show whether the milk has been contaminated after pasteurization by improper handling.

3. Specific gravity test. Indicates the food solids present in the milk.

4. A test that gives the percentage of butterfat in the milk.

5. Phosphatase test. Determines whether the milk is properly pasteurized.

6. Cryoscopic test. Establishes whether water has been added to the milk and how much.

7. Ring test. Run on milk to be consumed raw to determine whether it contains any brucellosis (undulant fever) organisms.

In addition, the laboratory runs a number of miscellaneous tests on request. For example, a sample may come in marked to be tested for septic sore throat.

The great majority of dairymen take pride in the condition of their farms and plants, and an unsatisfactory sample upsets them as much or more than it does the control official. Dairy farms and plants are places of almost constant scrubbing and cleaning.

Milk borne diseases are much more likely to be spread through raw than pasteurized milk. However, less than one per cent of the milk sold in Florida is raw. There is little danger in drinking this raw milk when it comes from a family cow that has been regularly tested and the milk properly cared for in the home.

PASTEURIZATION is the process of heating milk to 143 degrees F. and holding it there for half an hour, or heating to 161 degrees for 15 seconds. These temperatures are below the boiling point but are sufficient to kill bacteria that might be dangerous.

The only significant effect pasteurization has on milk is to change it from unsafe to safe. Pasteurization does not change the taste.

In the past 20 years there has been a definite shift in types of outbreaks of milk borne diseases — a marked reduction of typhoid and tuberculosis, and an increase in food poisoning and gastroenteritis. Most of these outbreaks occur where raw milk is consumed, or where there is inadequate control to see that milk is being properly handled. There have been cases where pasteurized milk became contaminated after pasteurization by being handled by infected persons.

Study history — of America or Florida — and you will find the cow. On his second voyage to the West Indies, Columbus brought them over. The first cows to reach the U. S. came ashore at Jamestown in 1611.

The early Florida settlers also brought their cows with them, but local production eventually began to lag behind population growth. Milk had to be imported from other states, especially during the Winter, when the tourists were here. It came from

Georgia, Alabama, Virginia, Tennessee, Missouri and Indiana. The quality was not always good.

Then the Legislature decided to pass laws that would help the industry develop in the State. One of the requirements of the 1929 milk law was that imported milk be distinguished from local production. The public soon began to notice that milk labeled "Produced in Florida" was fresher.

In about a year, fluid milk imports had almost ceased, and did not return in any considerable amount until the war, when a million and a half new consumers were added to the State's population. Today Florida once again meets almost all local demands for fluid consumption, and even ships a little to Georgia. The dairy industry has expanded faster in Florida than in almost any other place.

The State, however, still imports almost all milk products other than fluid milk. In 1952, about two million gallons of cream, three and a half million pounds of cottage cheese and almost all ingredients for ice cream, butter, cheese and evaporated milk consumed were brought in.

Most of these products are made from milk that is below Grade A, whereas all Florida produced milk is designated Grade A, and most is sold in fluid form.

Protective legislation was not the only factor contributing to the growth of Florida's milk industry. The CATTLE TICK ERADICATION PROGRAM made it safe for better cows to be brought into the State. Pasture improvement programs and the use of better stock were encouraged. More and better milk was the result.

TODAY most of Florida's cows are as good as you will find anywhere. More dairymen are raising their own herd replacements; consequently, they get better cows. Dairy herd improvement and artificial breeding have been big factors. In 1952, for example, in Florida over 24,000 cows were bred artificially to high production dairy bulls. Last year about 9,000 Florida raised heifers were added to dairy herds in the State, a great many of these being from artifically bred animals.

Making bacterial plate count.

Florida's current production is about 90 million gallons from 170,000 dairy cows. Thirty two years ago the figure was 12 million gallons from 50,000 cows.

Today's milk production, at a retail level, has an estimated value of 85 million dollars. There are about 30,000 employees in the State's milk industry.

There probably is no such thing as a typical dairy operation, but by way of example, take the fictitious farm of Henry Brown.

He owns a herd of about 100 Jerseys or Guernseys. They range over an area of 400 acres, including some improved pasture.

Mr. Brown has installed milking machines and other labor saving devices, and with the help of his two teenage sons is able to get most of the job done without outside help. He has been in the dairy business 20 years and his investment represents about $75,000. His oldest son plans to follow him in the business, and next fall will enroll at the University of Florida to study dairying.

Mr. Brown delivers his milk to a distributor that also buys the production of many other farmers.

Here is what happens to the distributor's dollar: About 60 cents goes to the farmer for milk; more than 20 cents for labor; nearly 18 cents for equipment, supplies, etc., and less than two cents, or one-third of a cent a quart, is profit.

The milking machine, now standard equipment on almost all Florida dairy farms, was a revolutionary discovery. It made the job easier and faster for the farmer.

Now another revolution is in progress, this time involving the bulk handling of milk. Refrigerated tanks are being used for milk storage, and tank trucks are hauling the milk to the processing plant. The movement spread from the Miami area, where most of the big dairies already have the equipment, which, if predictions come true "will some day make the old fashioned milk can obsolete."

Many dairies employ the pipeline milking system in which milk is drawn from the cow by machine, transferred through a hose into the pipeline, where it is pumped through a filter and into a cold wall farm tank or tank truck.

The new system is catching on. In one year alone, Florida dairies installed 68 pipe line milkers, 89 tank trucks for hauling milk from the farm to the milk plant, and 24 holding tanks.

Contrast this with the picture only a couple of generations ago, when milk was delivered in a wagon as soon as possible after milking, without being cooled. Indeed, if it were cooled, the housewife would complain loudly that she was not getting "fresh" milk. This milk was transported in covered pails and cans, dipped out with a variety of dippers and poured into containers provided by the housewife. The dipper went from house to house without being washed.

THERE ARE OTHER NEW DEVELOPMENTS.

Some restaurants and soda fountains have installed bulk dispensers.

Paper cartons are becoming more popular.

In the products line, low-fat milk has endeared itself to diet-

ing ladies and gentlemen. Deprived of its fat, it nevertheless remains a nutritious product.

Each new development, while modernizing the dairy industry, has created new sanitation problems. Endeavoring to overcome them, enforcement officials and the dairy industry are continually studying and conferring together. They work, for example, with manufacturers of dairy equipment for better and safer designs.

Aside from the public bodies concerned with the milk industry, there are private organizations which work for its advancement.

The state's producers and distributors have banded together in the very vocal and forceful Florida Dairy Association. Its many programs include a legislative committee, which has seen some of its recommendations become law. The Association also publishes the bi-monthly magazine, *Florida Dairy News.*

Then there are the Dairy Councils, with a different purpose. The three functioning in Florida are in Jacksonville, organized about six years ago, Hillsborough and Pinellas counties, a joint venture formed about three years ago, and the Miami area, including Dade and Broward counties, which is about a year old.

Operating the councils are nutrition experts whose job is to educate the public to healthy food habits which, of course, include drinking an adequate amount of milk. Each council is financed by its local dairy industry. The need for such groups is evidenced by the fact that per capita milk consumption in Florida is less than a half pint a person a day.

The Florida dairy industry today is mature, progressive and cooperative. The people who operate it and those who supervise it are specialists. Many laws have been passed to safeguard both the industry and the milk it produces.

The processes which have led to the affixing of "Grade A" on every bottle of milk produced in Florida have been long, sometimes tumultuous and arduous.

The task of getting the best possible bottle of milk to the consumer is a continuous one, and one which the industry appears willing and able to carry.

The State Board of Health

1217 Pearl Street or P. O. Box 210

JACKSONVILLE, FLORIDA

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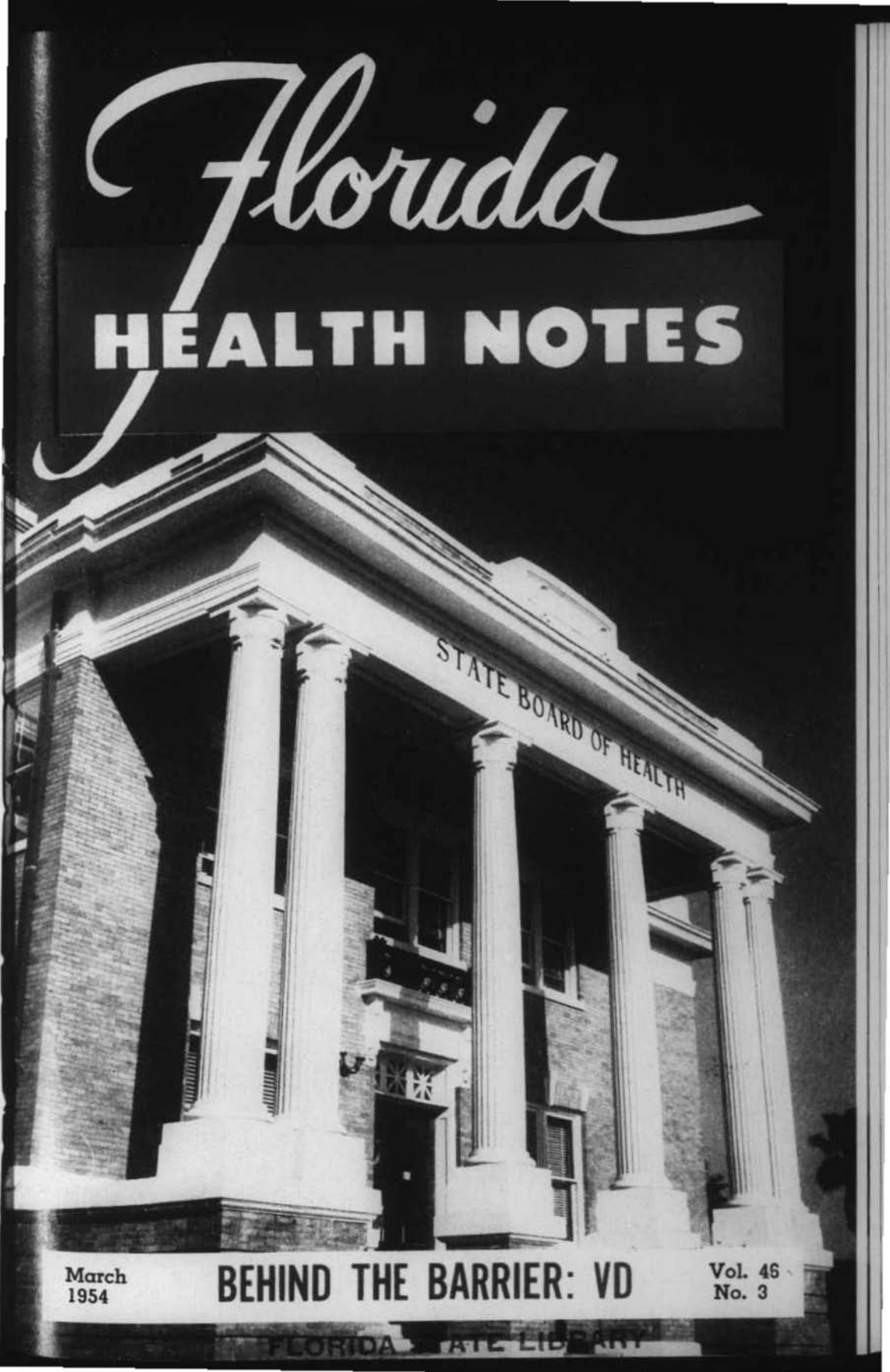
All counties in Florida have organized county health departments except St. Johns County

FLORIDA HEALTH NOTES published by Florida State Board of Health since 1892

Florida HEALTH NOTES



March
1954

BEHIND THE BARRIER: VD

Vol. 46
No. 3


GULF
Petroleum Products
MARCH · 1954

BEHIND THE BARRIER: VD

How would you like to be a reporter and have the biggest story of the year dumped in your lap? A story complete with facts and figures, a human interest angle, and enough "sex" to compete with an *Esquire* calendar? A story that could touch every home in Florida and would set John Q. Citizen back on his heels?

We have all the information here: a full run-through of the traditional five "W's" that are supposed to make a complete story. You remember: "Who, What, When, Where and Why." They're all here ready for a good reporter. All the leg-work has been done for you; the interviews, the screening and the factual material from authoritative sources gathered in every corner of Florida. Police courts, slum districts, juke joints, schools, hospitals, houses of prostitution, civic leaders of towns, cities and the State — all have contributed their share of facts to the story.

You say that you're not a reporter — but are interested in the "Story of the Year"? Well, HEALTH NOTES can't present this information as dramatically as we'd like, but we'll do the best we can to write a story about the present status of **Venereal Disease** in Florida.

Let's have a little briefing on this story that deals with a killer. A real public enemy that puts all the Dillingers and Baby-face Nelsons and their ilk in the category of a Sunday School class.

We are going to try to bring to light this killer that touches one out of every hundred Floridians in a physical sense; and indirectly reaches into every pocketbook in our State.

FLORIDA HEALTH NOTES

Published monthly except July and August on the 5th of the month by the Florida State Board of Health. Publication office, Jacksonville, Fla., headquarters of the State Board of Health. Entered as second class matter, Oct. 27, 1921, at post office. Jacksonville, Fla., Act of Aug. 24, 1912. It is intended primarily for individuals and institutions with an interest in the state health program, public and private. Permission is given to quote any story. Clippings of quotations or excerpts would be appreciated.

For the venereal diseases are five of the most destructive, devastating, costly and tragic diseases that ever swept across the fair State of Florida. Each one of these five diseases have various characteristics and manifestations but are related by one factor: the mode of transmission from infected person to non-infected person. They are classified as venereal because the spread of the disease occurs almost without exception during sexual intercourse.

WHERE

Venereal diseases are found in every corner of Florida. From inland farm to the seacoast cities. The more populated areas naturally report the greatest number of cases, but there are no sections or counties entirely free of these diseases.

How about the juke-joints and dance halls as a source of venereal disease? There is no doubt that such places figure in the picture, but any place at all where "boy meets girl" also has a place in the picture. We can rightfully expect the "roving" male will more likely encounter promiscuous women in a "beer-joint" although the greater number of sexual exposures take place between "friends" instead of with the "pickup" that frequents such places. Briefly, the location or place may influence the statistics but it is not of primary importance.

WHY

Why do we still have so many cases of venereal disease? With penicillin and other effective antibiotics available on every hand; with our many clinics and private physicians ready to diagnose and treat, it is indeed a reasonable question. We are heartened on one hand with the rapid decline of early infectious syphilis and with the decrease of the so called "minor" venereal diseases, yet on the other hand gonorrhea has shown little reduction and we know there is yet a large reservoir of people with undiscovered late syphilis. The public must still be told the story of venereal disease and this educational approach must be effective to the extent that they will respond to the existing services. We must remember that although these diseases have been known for centuries, they have been "taboo" and "nice" people just didn't talk about such things. It was not until 1937 that we were able to get behind the barrier to the extent of mentioning syphilis on the radio and in the press. It was not until 1944 that penicillin left the experimental laboratories and began to appear in the field, revolutionizing the treatment of syphilis and

gonorrhea; curing cases in a few days that previously took many months. Only fifteen years since we first told the public about these diseases — ten years of modern treatment methods. A short time indeed to combat such a gigantic foe.

WHEN

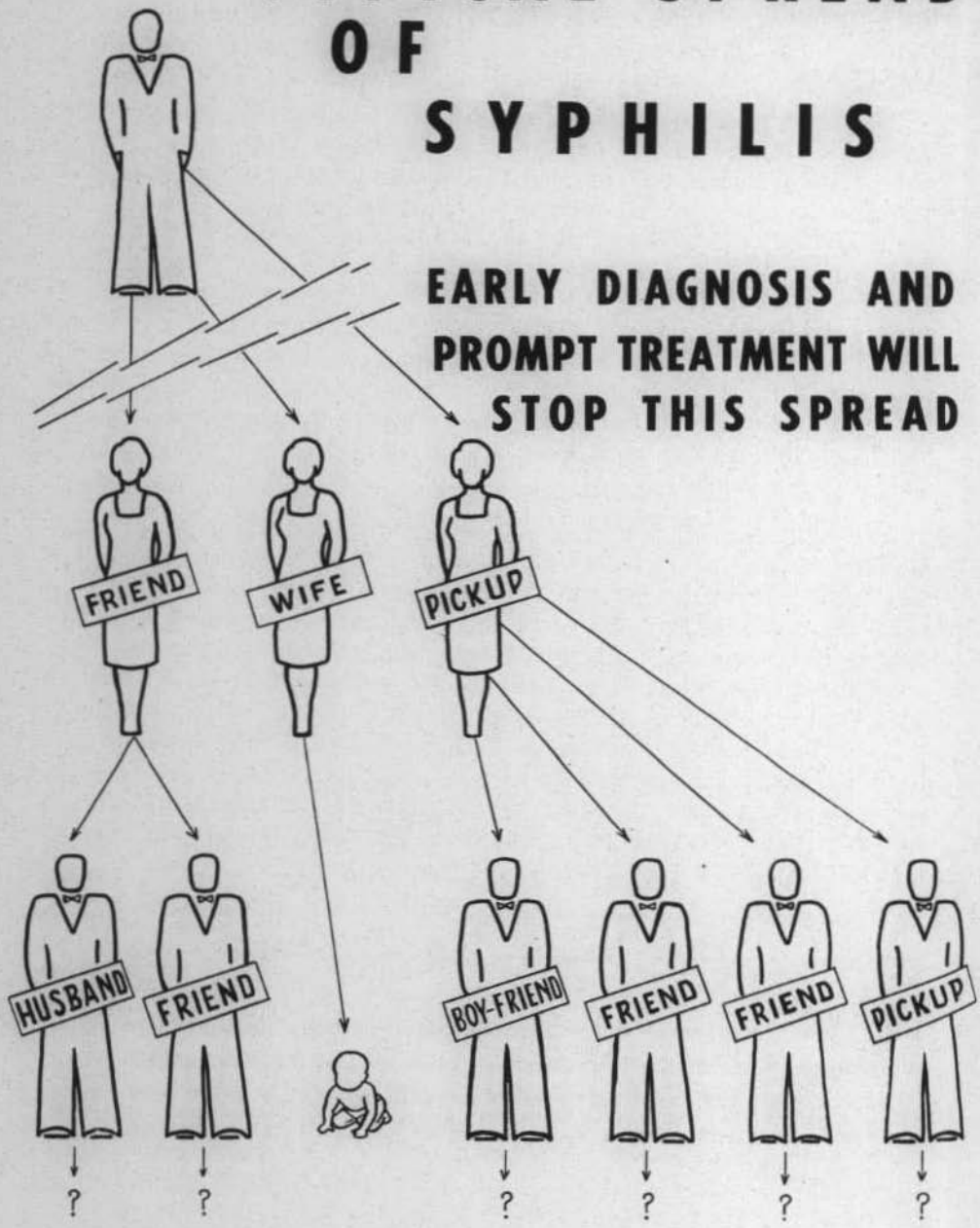
We are prone to think of certain communicable diseases in association with various age groups. Although this thinking is not altogether substantiated, it behooves us to point out that anyone at any age can fall victim to venereal diseases. However, the majority of infections take place between the ages of fifteen and thirty. This is the period in which most venereal diseases are spread even though the damaging results may not become apparent for many years. A study of five hundred "first admissions" to one of Florida's venereal disease clinics revealed that well over half of the patients were under thirty years of age, and that one out of every four was under twenty years of age. The range of ages in this particular study ran from four months to seventy-four years.

We talk so much about acquired syphilis that we are apt to neglect congenital syphilis. Congenital syphilis refers to the infection in a new-born infant. The baby contracts the disease from its syphilitic mother prior to birth. Emphasis on prenatal blood testing has been an important factor resulting in a drop of almost ninety per cent from 1948 in the number of babies born with syphilis. This is not enough! There is no need for a single baby in the State of Florida to be thus afflicted. It is important for every expectant mother to have at least two blood tests: one early in pregnancy (it's also a law) and one during the sixth month. This latter test will insure the discovery of an infection taking place during pregnancy.

When we consider the incidence of venereal disease in the United States in the fiscal year of 1953, we find Florida in 48th place with 702 cases per 100,000 population. There were only four states reporting a larger number of cases regardless of population.

TYPICAL SPREAD OF SYPHILIS

EARLY DIAGNOSIS AND PROMPT TREATMENT WILL STOP THIS SPREAD



WHO

Isn't prostitution the biggest factor in the venereal disease control problem? Public health authorities do not think so, stating that the "ladies of the evening" are responsible for only a small percentage of the infections. While the prostitute can infect a greater number of men, (and it is estimated that eventually nine out of ten prostitutes become infected with a venereal disease), they are so in the minority that they constitute only a small part of the total problem. However, in areas where prostitution is not vigorously repressed we invariably find increased promiscuity from the "pickup," the "B-girl" and other maidens with meager morals, which result in an increase in the venereal diseases.

Isn't syphilis primarily a negro problem? To some extent it is. It is also a "white" problem. Syphilis is not an exclusive disease of any race, color, or class of people. Approximately one fourth of our reported cases in Florida are white persons.

More than one hundred clinics operated by public funds in Florida take care of the majority of persons who have venereal diseases. People come to these clinics seeking diagnosis and treatment when they feel that they may have become infected, just the way others call upon their family physician seeking medical aid.

In addition to these people are those whose employment requires a **Health Card** such as food-handlers, waitresses, barbers, beauticians, and in some sections, domestics. This examination which includes a blood test for syphilis is necessary in order to obtain a health card which is usually good for six months and must be renewed regularly as long as the person is employed where such a card is required. Inasmuch as the blood test is the major aid in diagnosing the majority of syphilis cases, the health card is an important source for locating infected persons.

Since October 1945 Florida Law has required a **pre-marital** and **pre-natal** blood test. This law requires a blood test to be done on all persons about to be married, and on pregnant women, and has helped locate many unknown cases of syphilis. There is only about a twenty per cent chance of a syphilitic mother having a live, normal baby unless she has proper treatment before the baby is born.

Pre-employment examinations are responsible for locating some cases. **Selective service** and **separatee examinations, school athletic examinations,** selected area and **mass blood testing surveys,** all are valuable tools in the locating of infected persons. More and more we find our **private physicians** in Florida doing a blood test on all patients as a matter of routine.

Once the diagnosis of syphilis has been established, the patient is usually informed by the doctor as to the nature of the infection. Together in a cooperative manner, they try to locate the source of his disease through locating and examining his sexual contacts. Thus the doctor and patient as a "team" work together to discover not only the source but those to whom the disease may have been transmitted, thereby endeavoring to stop further spread.

WHAT

For the benefit of those who may have forgotten, or have never had the opportunity to learn, let's take a quick look at the venereal diseases!

SYPHILIS—Public enemy number one of the venereal diseases. Sometimes called the "Great Imitator" due to the fact that in its various "stages" it can resemble any one of a hundred other afflictions. Syphilis is a "silent" disease in that a person may be infected and be unaware that anything is wrong. Syphilis is transmitted during sexual relationship and rarely by any other means. A few weeks after exposure, a person infected with syphilis may (or may not) notice a small lesion at point of contact. With or without medical aid this "sore" will disappear thus giving the person who has noticed it a false sense of security. Several months later there may be one of several signs: a rash may break out on the chest, arms, legs or face; on almost any part or many parts of the body. Other signs may be persistent sore throat, fever, or loss of hair, usually in patches. Frequently these symptoms are so mild that the infected person does not notice them. It is however during these periods (primary and secondary stages) that the disease is most contagious and the infected person may pass syphilis on to any number of people, depending upon his or her promiscuity (casual sexual contacts.) Those infected in turn pass the disease along and in a short time tens, or even hundreds of people may become infected with syphilis—all originating from a single case. Such an epidemic from the medical viewpoint could have been cut short. From a moral viewpoint it never should have started.

Untreated syphilis remains in the system and often in later years, anywhere from five to twenty-five years after exposure, may attack some vital part of the body, such as the brain, nervous system, the eyes or heart. Any one of these organs or systems may become affected rendering the person incapable of earning a livelihood, causing insanity, or even resulting in death. It has been estimated that one out of every three people thus affected by syphilis eventually becomes a public charge. This places a further burden upon the state and the taxpayer, not to mention the suffering and hardship inflicted upon the family and loved ones of the person directly involved.

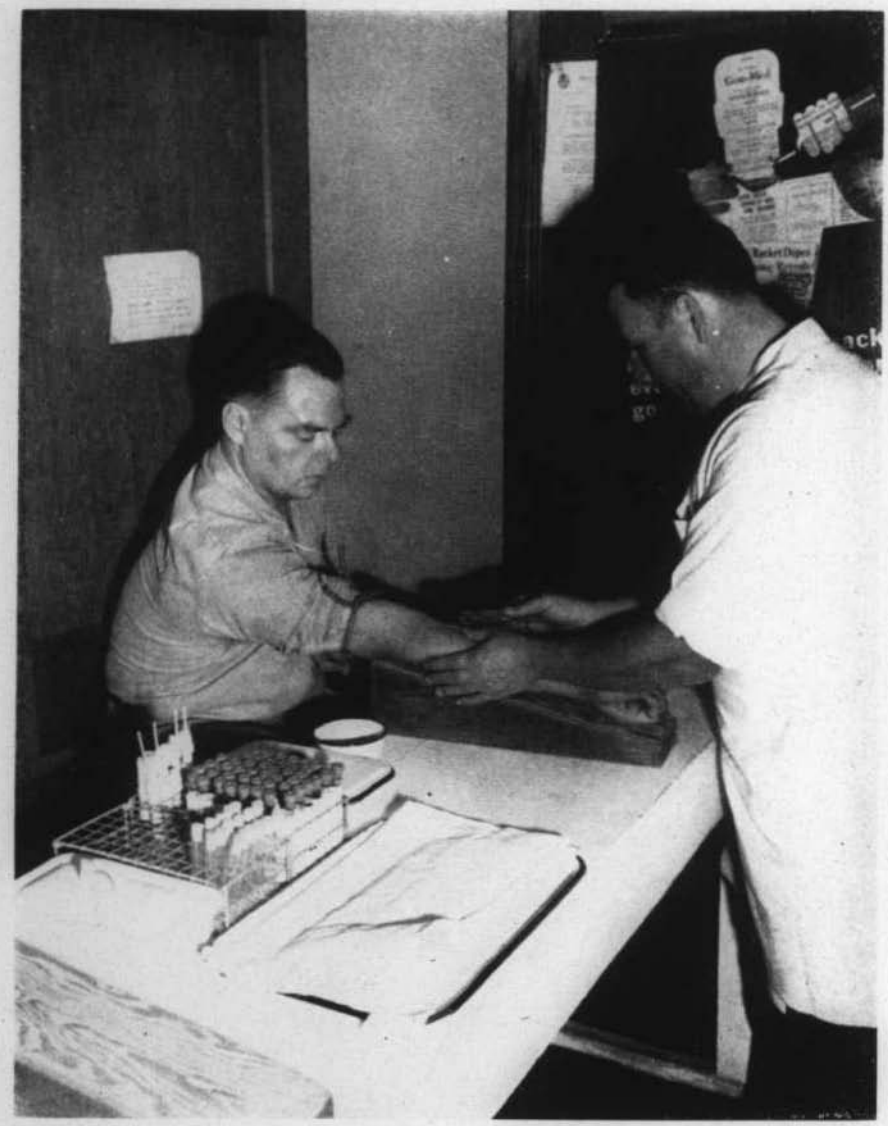
Yes, syphilis is a deadly public enemy owing to the frequency of its complications, but even more widespread in the number of reported cases is:

GONORRHEA—Often called "clap" or a "strain," gonorrhea is the most common of the venereal diseases. It is the only venereal disease that at least gives the male a chance of self-diagnosis. Usually from one to five days after exposure, the infected male will notice a discharge of pus from the penis and a burning sensation upon urinating. The infected female may not be so "lucky" in noticing any symptoms though she, too, may have a discharge from her vagina. Gonorrhea unlike syphilis is not a systemic disease; it does not live in the blood stream but it may attack various parts of the body and cause gonorrheal arthritis in the joints or blindness in babies. The most common complication of gonorrhea is sterility — the inability of the man or woman to produce children — a vicious and costly price to pay for a disease which some misguided people still consider no worse than the common cold.

ON THE FOLLOWING PAGES BEGINS A SHORT PICTURE STORY OF A VENEREAL DISEASE INVESTIGATION. (ALL SCENES WERE STAGED AND THE "ACTORS" PHOTOGRAPHED ARE STATE BOARD OF HEALTH PERSONNEL.)

A VD investigator calls upon Mr. "B," a contact of a known case of venereal disease. He is confidentially told that he might be infected and is advised to report to his family physician, or if he prefers, is given an appointment at his health department clinic.

Mr. "B" heeds the investigator's advice and visits the venereal disease clinic for examination.



One part of Mr. "B's" examination is a blood test which is routine for all persons suspected of having a venereal disease.

Testing bloods in the serology laboratory is a highly technical routine. Even so, it is only one step toward a definite diagnosis.

Though the primary purpose of an interview is to discover the source and spread of the infection (from whom did he get it and to whom did he give it), information is also given as to the nature of venereal diseases, their transmission, and the necessity of adequate treatment.

As a result of the interview, our investigator now calls upon another contact of Mr. "B"— and thus the cycle goes in venereal disease investigation.

GRANULOMA INGUINALE, CHANCROID, LYMPHOPATHIA VENEREUM—These three so-called "minor" venereal diseases are minor in incidence only, not in the amount of pain and suffering they cause. They are non-systemic diseases usually localized in the genital area. They are often difficult to cure and surgery is sometimes necessary. Florida's record in these diseases isn't pretty. Statistics for the entire United States and its territories show that from July 1952 through June 1953 over ten per cent of the chancroid, twenty per cent of the granuloma inguinale, and ten per cent of the lymphopathia venereum were *reported from Florida.*

When we speak of "reported cases," we refer to the Sanitary Code of the State of Florida which obligates physicians, dentists and other responsible persons who diagnose, recognize or suspect the existence of any reportable disease to promptly notify their local health officer. Though we are proud of the record of Florida's private physicians in reporting these cases, we realize that many cases are still not reported which tends to make our venereal disease statistics conservative. Even so, the total number of cases of venereal diseases reported in Florida in 1953 indicate that during this period we had one case of venereal disease for approximately every hundred and sixty people. And that, we repeat, is a conservative figure!

WHOSE RESPONSIBILITY?

Venereal disease control through treatment, contact investigation, interviews and so forth falls of course on the shoulders of professional people and groups, such as physicians, clinics, and health departments; but the second important phase of control — education — lies within the scope and responsibility of the home, school and church, as well as the above mentioned professional groups.

The **home** may seem a strange place to pinpoint responsibility for venereal disease control, but when we thoughtfully consider the problem we realize that venereal disease is only the end result of many factors. To generalize, we are prompted to say that people who are brought up in a happy, morally responsible home, with careful instruction and example by the parents usually have a definite awareness of their moral and spiritual responsibilities.

It is unusual to find a young person from such a home as above reporting to a clinic or doctor with a venereal disease. The "be-a-pal-to-your-child" theme has been sung until we are "tune-weary" and its application has suffered sometimes from middle-aged portly fathers limping from the teen-agers football game. Nevertheless, unless we have the respect and confidence of our children we as parents are not doing much to combat the venereal disease menace.

The **church** has a great responsibility in the moral up-bringing of our children. Not only through established spiritual education, but beyond that to the guidance of social activities and instruction in matters of moral guidance. The church that instructs a child in religious matters for an hour or two on the Sabbath and remains closed for the next six days is falling far short of its responsibilities and is missing some of its most valuable opportunities for teaching.

Venereal diseases are mainly the result of promiscuity. Promiscuity in turn, is a result of numerous facets of modern day life and the home holds the key to many of them, sharing its primary responsibility with the church and school.

The **school** is a natural spot for all types of health education. Through close cooperation the State Department of Education (through its local school systems) and the State Board of Health (through county health departments) are doing an increasingly better job in this field but there is still room for improvement. Looking at the particular job of venereal disease education, a barrier still stands in many localities. Some teachers, principals, and even superintendents of public instruction will not touch the subject with the proverbial ten-foot pole. In many instances this is understandable. Their teachers are not trained to handle this subject which we grant is complex and often approached from an emotional standpoint. Teachers tend to refer the subject to the home (where it really belongs) and the church. These two in turn pass the "hot-potato" back to the school. In the midst of this dilemma stand particularly the teenagers who are becoming more and more of a problem in venereal disease control as their numbers increase who contract these diseases. Granted that all the classes in the world on venereal disease will not completely solve the problem, education is one of the foundation stones upon which youth will build his future. Physical education classes, biology, science and many other subjects lend themselves naturally to an integration of the subject of venereal diseases without

having undue emphasis placed upon them. The coupling of sex, sin and syphilis in an unsavory manner is an unwise approach, but when handled as another of the preventable diseases, information is given in a less embarrassing fashion and greater learning results.

The **private physician** has a definite and direct responsibility in venereal disease control. Through counsel and advice he can aid the patient, and through careful interviewing obtain the names of sex contacts thereby helping to prevent the spread of the disease. The State Board of Health through its county health departments offers the services of **trained interviewers** to Florda's private physicians and clinics. Through cooperative effort between doctor, patient and county health department, many individuals have been located and treated who otherwise would have remained unaware of their infection and subsequent danger — to themselves as well as others. With few exceptions the private physicians of Florida and the organized health agencies work together in splendid fashion and their reporting of all communicable diseases ranks high in the nation. Our 1953 records show that nearly sixty per cent of the reported cases of primary and secondary syphilis were reported by private physicians. How many of these patients were adequately interviewed by the doctor or interviewer furnished by the county health department is unknown, but the number reported by physicians serves to point up the responsibility of the doctor who handles the majority of these early very infectious cases.

Voluntary agencies, civic groups and **industry** all come in for their share of the responsibility, whether from the larger viewpoint of juvenile delinquency, community pride, or the dollars and cents angle of man-hours lost from the job. There is no question but what the problem of venereal disease and its control is one of the most complex situations we know today. It is an "end" problem that can have its beginning anywhere — anytime. Perhaps with you — Now!

BRIEFLY - - -

Trying to confine the story of venereal disease to a few brief pages in HEALTH NOTES may be likened to packing a woman's vacation clothing in a brief-case. Complete books have been filled with one or two aspects of the subject. To say that we have but briefly touched the highlights in venereal disease is indeed an understatement. We have attempted merely to report the facts, but not to inject either pessimism or optimism. It is a matter of historical fact that for hundreds of years the venereal diseases have caused tragedy beyond comprehension and loss of life beyond numbering. We are basking in the sunrise of a new day. The barrier of ignorance is lifting, slowly, but surely. In the past few years medical science has made giant strides in treating venereal diseases. The lay public has also advanced in its knowledge and acceptance of venereal diseases as an affliction that can be studied and talked about in an intelligent objective fashion. These advances on both fronts have already meant the saving of thousands of lives and new hope for countless others to whom otherwise the venereal diseases would have been a tragedy; a destructive force still often shrouded in mystery.

Recognition of the enemy and the discovery of penicillin and other powerful antibiotics have truly brought the new day nearer; and now John Q. Citizen and the doctors are pressing forward together toward a further reduction of these dread diseases. Each year is bringing us closer to the goal of elimination with a continued decline in the number of cases. In 1952 Florida reported a total of 23,448 cases of venereal disease. As we go to press we can estimate the totals for 1953 will indicate an overall reduction of 20 per cent in the reported venereal diseases as compared with 1952. Syphilis shows the greatest reduction — thirty-eight per cent — while gonorrhea dropped only about five per cent. There is a similar trend throughout the nation but this is not the time to relax. Unfortunately, reductions are also evident in the appropriations of money available for venereal disease control. These lessened funds have already resulted in a curtailment of operations in various parts of the country. Unless constant effort is brought to bear on the venereal disease problem, we can only look forward to an upswing of these infections.

Florida still has a huge reservoir of undiscovered syphilis from which late syphilis will be taking its toll, carrying blindness, insanity and death into many homes with you, as taxpayer, footing the bill.

Constant investigation and interviewing will disclose many cases of venereal disease but we must all be ready to share the responsibility; professional and lay worker, church, civic organization, and most of all, the home wherein lies the primary responsibility.

There is a saying: "It is better to light one candle than to curse the darkness." All of us, regardless of our position, have a certain influence. It is up to each of us to use this "candle" of influence not only with regard to venereal disease but in the broader view of education and moral living. Far beyond mere responsibility, let us consider it a privilege to bear our "candle" high.

There is more need now than ever for effective public education. It will continue to be necessary for a long time to remind those who get venereal disease how they get it and what they should do about it. It will be necessary to alert young people who do not have venereal disease to the possibility of infection. It will be necessary for a very long time to alert fathers, mothers, teachers, clergymen and legislators to the need for continued vigilance and applied controls.

MORE FACTS ABOUT V.D.

Is syphilis cured when the sore heals?

No. The germs are still alive. They are carried by the bloodstream to all parts of the body where they can do great damage to the heart, brain, nerves, liver, bones and eyes.

Can a person have syphilis and gonorrhea at the same time?

Yes. A person can have both diseases at the same time.

Can a person catch syphilis from utensils, toilets, tools or machines?

No. Syphilis germs quickly die outside the body. Dead germs don't spread disease.

Is there a way to prevent VD?

Yes. Avoid sex relations outside marriage. Don't take chances with pick-ups, free girls and prostitutes. Good behavior is the best way to prevent VD.

Is the distribution of pamphlets effective in VD control?

This is only one facet of health education which, added to movies, lectures, news items, TV and radio shows, and word of mouth education becomes one of the most effective methods of control.

Can't you buy penicillin and treat yourself at home?

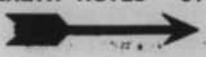
No. First, because penicillin as used for syphilis is only available to doctors. Second, it takes a doctor to accurately diagnose syphilis which is easily confused with many other diseases.

Do you expect health education to eliminate promiscuity?

Definitely not. However, it is positive thinking that may influence moral action and also guide the person who becomes infected to prompt effective treatment.

Does a "positive" blood test always mean syphilis?

No. Many other conditions may cause positive blood, but the elimination of syphilis as the cause is one for a competent doctor to decide by physical examination, history and laboratory tests.



Is penicillin the only drug used in the treatment of venereal diseases?

No. Streptomycin, chloromycetin, aureomycin and others are effective for the various venereal diseases. However, penicillin is the drug of choice for treatment of syphilis and gonorrhea.

Can a person with a positive blood get married; or get a health card?

Yes. In addition to false positives (not due to syphilis) many people receive adequate treatment, yet their blood remains positive for a long time—sometimes never reverting to negative. After careful consideration by a competent physician, these people are granted health cards and marriage certificates as they are no longer infectuous.

Can a baby "inherit" syphilis from its father?

Not directly. The father can infect the mother who in turn can give birth to a syphilitic baby unless she is adequately treated.

Can a person have a venereal disease more than once?

Yes. A person may receive adequate treatment and become reinfected with any of these diseases. One can also have any number of the diseases at the same time.

Does not the "contact" or "suspect" resent the investigator?

Very rarely. The investigator makes a diplomatic personal visit and confidentially explains the situation offering advice and suggesting examination and treatment if needed. The suspect learns that the only desire of the health department is to offer help and to prevent further spread of the disease. It is definitely a personal matter and is kept highly confidential by the health department.

Isn't gonorrhea sometimes due to a heavy strain?

No. Gonorrhea is transmitted by sexual intercourse. A somewhat similar symptom attributed to strain is not gonorrhea.

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All counties in Florida have organized county health departments except St. Johns County

FLORIDA HEALTH NOTES published by Florida State Board of Health since 1892

Last year 80 syphilitics were admitted to Florida State institutions for the mentally ill. Based on an estimated cost of $40,000 per case from admission to death or release, this places an added burden on the Florida taxpayer of $3,200,000. But these figures represent only one year's admissions! And it does not count the other disabilities from late syphilis that take their share of the tax dollar, nor does it include other Florida syphilitic insane cared for in private institutions.

Florida HEALTH NOTES

April 1954

PUBLIC HEALTH NURSE

Vol. 46 No. 4

PUBLIC HEALTH NURSE

He was swinging on the garden gate as she slowed her car to a halt at the curb. His "butch" haircut stood up as bravely as a bantam rooster's comb. The freckles which sprinkled his face formed a polka-dot frame for a pair of lively and inquisitive blue eyes.

As she walked toward the gate with a friendship-inviting smile he suddenly grew shy as small boys will and went running toward the house.

"MamaMamaMama," he cried in one breath, "Here comes the health nurse!"

Inside she found the mother in bed.

"I'm Martha Mahoney from the County Health Department," the public health nurse said. "You were enrolled in one of our pre-natal clinic classes. I heard you had a little girl. I just thought I would drop by and see how you were doing."

"Not too good," Mrs. Zambetti said. "I don't seem to be getting my strength back as I should."

"That does happen sometimes," the nurse said reassuringly. "Would you like to tell me what seems to be wrong? Maybe your doctor needs to know that you aren't doing so well. Would you like for me to tell him for you?"

"We haven't got much money," the mother said. "I thought if I took it easy I might get back on my feet again without any more expense. The baby is still at the hospital. It weighed only four pounds and they told me it might be better if they kept it at the hospital where they could keep it in an incubator until it was bigger. I didn't want to leave it, but I'm glad now that I did since I feel the way I do. My husband is away on a shrimp boat. He figured on being here but the baby came a whole month early and his ship won't get into port for nearly a week yet."

"Let's try to have you feeling better by the time he gets here," the nurse said cheerfully. "Let me find out if there's anything your doctor needs to know. Now tell me . . ."

FLORIDA HEALTH NOTES

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Behind Martha Mahoney's seemingly-casual visit was a feeling of real concern for Mrs. Zambetti's welfare. Back at the health department office there was a special file on Mrs. Zambetti. The nurse knew that Mrs. Zambetti had enrolled in the Health Department's class for expectant mothers and that she had suffered two miscarriages within the past three years. She had been determined that the next "little stranger" would arrive alive and healthy. The nurse also knew that Mrs. Zambetti had a slight heart murmur — nothing serious but something that could cause complications when time came for delivery, so her doctor had said.

Fortunately, Mrs. Zambetti's husband worked for a company that had a hospital insurance plan. That would help to solve some of the money problem. Little or no need for welfare aid here, the nurse had mused. But the blood tests which her doctor had ordered had revealed certain facts. Mrs. Zambetti was free of disease. However, the report showed evidence of a mild anemic condition. Nothing alarming but worth following up. Artfully-put questions after one of the clinic sessions months ago revealed that the usual family diet was long on starches, not too good on proteins and dangerously low on vegetables and fruits which provide necessary vitamins and mineral elements. Mrs. Zambetti promised to bear down on the vegetables and ease up on the potatoes and spaghetti.

"All except when my husband is home," she had said defensively. "He's a pig for spaghetti and meat balls. He cooks his own sauce from the old country."

* * *

"You're coming along fine," the nurse said as she completed her visit. "I'll call your doctor. He may want you to come to the office. By the way," she interjected "Your boy — does he go to school next year? Yes? Then do you have his birth certificate? He will need that for school." "He goes this Fall," the mother answered. "We have the paper from the County Health Department and the doctor says he is fine. He's already given him the shots."

"Wonderful," said the nurse. "You won't have any trouble when school time comes. But one more thing before I go — if you don't have a baby doctor you may want to bring the new baby when he comes home, to our "well baby" clinic. We hold them every Tuesday at the Health Department. A lot of mothers bring their babies in to be weighed and checked over to see if they are growing right. . . . Well, I must get on my way. . . ."

More comfortable — happier — now that the public health nurse has finished

Even as she said goodbye Marthy Mahoney's mind was busy with another problem. That morning a private physician had telephoned a report of a measles case. The victim had been attending the third grade at Southside Grammar school. Better talk to the teacher to see if any other pupils in the class were beginning to show the early signs and symptoms of measles. Best time to catch the teacher would be shortly before noon when the class would go

to early lunch. Snatching a quick look at her wristwatch, she ran her remaining morning calls through a mental adding machine. She could make it in time. . . .

* * *

Martha Mahoney is a public health nurse. You will find at least one of her number in all but one of Florida's 67 counties. They are usually employed by the County Health Departments and you can see that familiar little black bag in the pinelands of Nassau, the orange country of Central Florida, Key West and numerous other spots between.

It's a big state to cover, with a population that grows bigger by the day. And although Florida's public health nursing service continues its steady growth through the years, that growth is consistently lagging behind the needs of the state's increasing population.

Martha Mahoney is a key member of a public health "team" — a team which includes a qualified physician with special training in public health (usually the director of a County Health Department), a nurse, also with public health "know-how," a sanitarian, and a clerk.

In the beginning years, the public health nurse did her share to eliminate or sharply reduce the then numerous hazards of communicable diseases. She has seen malaria, once common in Florida, yield to new medical knowledge and preventive measures, such as screening and mosquito control. Typhoid fever has practically disappeared and smallpox is rarely seen.

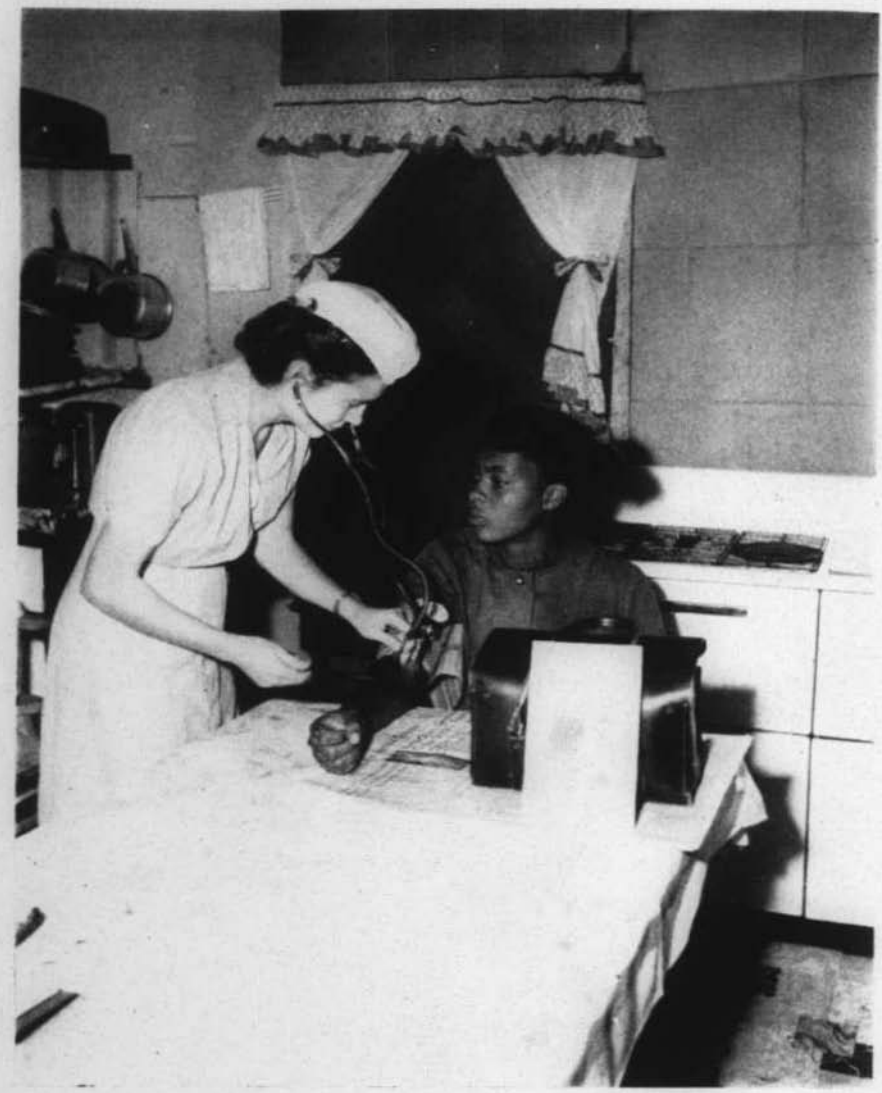
Time was when Florida's public health nursing staff was so small that nurses could move in usually only when some communicable disease had taken firm root and had begun spreading. But today, because of Florida's network of County Health Departments, the nurse is right on the scene, much closer to the people she is expected to serve, and much better equipped to take part in a really "preventive" public health program. This includes many fields of activity beside that of controlling the preventable diseases.

Take, for instance, the County Health Department where Martha Mahoney works. Let's call it Satsuma County. Located on Florida's West Coast, in an area famous for its citrus fruits, lush semi-tropical foliage and the sun-warmed waters of the Gulf washing its ocean beaches, Satsuma County has its share of the good things that help to make Florida famous, and is a pleasant place to work and live.

Seven other nurses and a supervisor share the public health nursing task in Satsuma County. They find plenty to keep them busy. Their first concern is mothers and children. They are

Regular visits to schools are a part of the public health nurses' schedule

proud of the fact that Satsuma County's death rate among mothers and childen is one of the lowest in the State. Of almost equal importance are the many other duties of a generalized nursing service — helping to ferret out victims of tuberculosis, venereal diseases, diabetes, hookworm, and other diseases for which public health control programs have been designed. They are persistently pushing a "health education" program so that more and more of Satsuma County's citizens may know how they may protect themselves against disease, and live longer, happier lives. They stress immunizations which safeguard people from the hazards of smallpox, typhoid, diphtheria, whooping cough and tetanus. They are eternally advising people to have chest X-rays made to check on the possibility of tuberculosis, lung cancer or perhaps certain types of heart disorders which sometimes show up in routine X-rays. For women particularly they emphasize the need for periodic examinations that could reveal cancer in its early stages, before it can spread itself into a life-destroying malady.



A prospective mother has her blood pressure taken

And, always, these public health nurses are on the lookout for signs and symptoms which might indicate that an expectant mother is in trouble. These nurses know that medical science and modern hospital methods can sharply reduce the age-old risk that women face in bringing a new life into the world. Women from well-to-do homes, as well as from those less fortunate economically, listen when the public health nurse urges them to "tell the doctor" about puzzling symptoms.

"Babies are our most important 'crop' in Satsuma County," says Martha Mahoney. "We know that babies will become our adult citizens, and that the strength and well-being of our babies will determine the quality of the general population in future years."

Constantly, these nurses urge those with whom they come in contact to visit their family physicians for regular check-ups as well as interpreting the need for quick medical care for a suspicious condition. Often fears about the latter are confided only to a nurse — a symbol of help and reassurance.

* * *

Who is this Martha Mahoney? What is her background? What about her training and qualifications for the public health nursing service? You might start out by saying that she is a blue-eyed brunette, standing five feet, five inches in her low-heeled walking shoes, a trim-figured 118 pounds in her well-cut blue-and-white seersucker field uniform. Like many a resident of this fast-growing state, she was born somewhere else. In this instance, Martha was born in Africa, the daughter of missionary parents. She spent most of her time there until she came "home" to the United States to attend college.

The things that she had seen in Africa — the low standards of sanitation and health services, the high death rate, particularly among mothers and children — had built in her a desire to be of service along health lines to people everywhere. She thought first of becoming a doctor, but it is an expensive education and it took long years in school, coupled with more years of internship and private practice before she could be satisfied with herself as a physician. So why not become a nurse instead? Nurses were quite important, too, she reasoned, and could do their share to improve the general health of people. Yes, that was it. She would study nursing.

THE PUBLIC HEALTH NURSE AS TEACHER

"The contribution of a nurse in a public health program is largely educational. The service may be given in the home, health center, school or industrial plant. It may be in the form of nursing care to the sick in the home as a demonstration, individual or group health teaching, and by example. In all phases of her work, the public health nurse should be alert to the opportunities to teach good health habits, and in planning her program, should allow as much time as possible for health teaching."

— From the State Board of Health manual on public health nursing.

Care of the newborn is fun as well as work

Over that mental hurdle and satisfied with her choice of a new goal, Martha pushed forward and obtained a bachelor's degree in nursing from one of the nation's leading universities. She received not only as much as the customary three years in a School of Nursing would give her, but with the background of the university and its top-flight teachers in medicine, nursing and public health, she received substantially more.

Casting about for service in the public health field, Martha Mahoney decided to try her luck in Florida. That brought about another choice. Did she want to affiliate with one of the larger county health departments, where there was a large group of nurses, or did she want to try for one of the smaller counties, where she might be the only nurse on the health department staff? There she would have a greater personal freedom of action. After studying all the issues involved, Martha decided to compromise and ally herself with a "middle-sized" county health department.

In Satsuma County she found a county health officer well versed in the problems of public health, who placed her under the direction of a supervisor of nurses. The supervisor, still young in

years and spirit but an "old hand" at public health nursing, proved helpful in guiding Martha in her desire to put her "book learning" to practical use in the public health program.

Shortly after her arrival, Martha journeyed to Gainesville, where she took the two-month orientation course at the Field Training Center for public health workers operated by the Alachua County Health Department and the Florida State Board of Health. Martha felt at home in Florida's University City and considered the two months well spent.

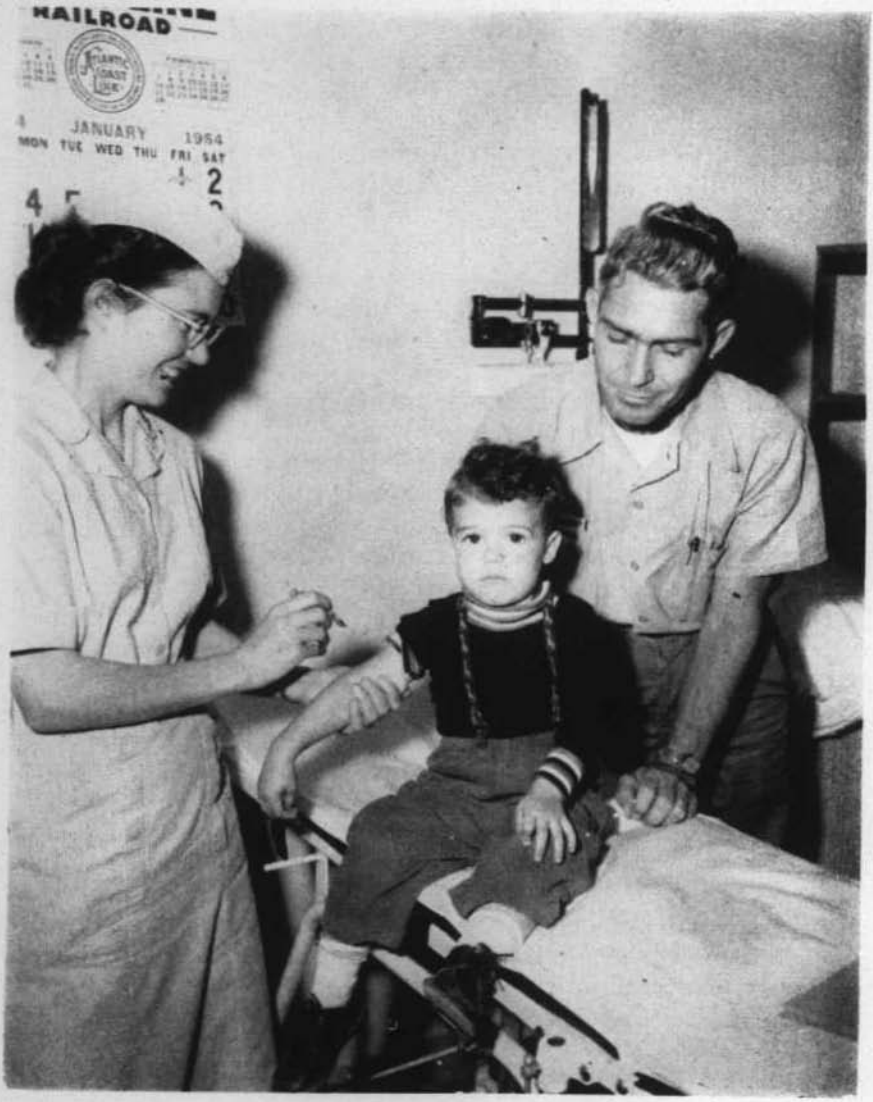
Back in Satsuma County she had a long talk with her nurse supervisor. "We're glad you're back for there's lots to be done," the supervisor said. "In this county you will do what we call general public health nursing. You will be expected to make your share of home calls and to serve as clinic nurse when necessary. In addition, I want you to put special emphasis on school health work. We are particularly interested in the physical and emotional status of children entering school for the first time.

"Florida has no compulsory immunization law, but more and more mothers are beginning to realize the value of immunization, especially when their children enter school for the first time and become exposed to more children outside their family circle and neighborhood. Immunizations are provided in many cases by private physicians, very early in the child's life. In the event they are unable or unwilling to have this service performed by the private physician, we operate immunization clinics for the purpose."

Martha Mahoney approached her school health nursing assignment (she had three schools in her district) with some hesitation. But she soon found that the way had been paved for her. The county school board, charged with responsibility for the health and safety of the county's thousands of public school children, had already reached a working agreement with the county health department that carried all the way through to the teachers themselves.

Cheered by this evidence of ready and willing cooperation, Martha Mahoney went to work. Not only did she carry on with routine school health work (inspections, assistance with health education, and conferences with teachers about individual children) but she went a little further. Noting that a significant percentage of the high school boys and girls were overweight, she helped to organize an "Overweight Club" among those who wanted to reduce, and had permission from the family doctor.

"Proper diet and a little determination," she preached, "will cut those big hips and that overstuffed stomach back down to proper size."



This isn't fun—but it's necessary

In discussing the importance of the club, Martha Mahoney says: "Not only are these teen-age 'fatties' building up physical troubles for themselves in their adult years, they are even now developing emotional problems which handicap them in establishing proper social relationships. They become objects of not-so-good-natured kidding. I have never known a fat girl who was happy — nor a fat boy, either, for that matter."

Her second venture was the formation of a "Future Nurses Club."

"Many girls in high school feel that they want to become nurses," she explains. "But many of them, for one reason or another, never follow through with that dream. We are hopeful that this club will help more of them to make up their minds to become nurses, through talks and actual hospital experiences. But even if some of them never carry through with their idea of becoming a nurse, the things that they learn about the principles of nursing will help them to become better wives and mothers."

In putting emphasis on nursing education, Martha Mahoney was not only drawing herself closer to more of the students that she wanted to reach, but was emphasizing one of her profession's most vexing problems. That problem is a chronic shortage of nurses extending back for many years.

Florida at the present time has 339 nurses employed in state and local public health programs. That adds up to one nurse for every 8,800 permanent residents of the State.

Is that enough public health nurses? No, say authorities in the field. The public health nursing section of the American Public Health Association and the National League for Nursing says that the safe limit is not more than 5,000 population per nurse.

But Florida is lucky in one sense. As the year 1953 ended, Florida's recruitment of public health nurses was only 13 short of a budgeted strength of 352 of these specially-trained women.

"Although we don't have nearly as many as we need,"a veteran public health nurse remarked, "we do have just about as many as we can afford at this time. Many states are not nearly as well-staffed as we are."

Despite her excellent education and valuable "on-the-job" training, Martha Mahoney realizes that she cannot stand still. If she is to continue her role as the doctor's "first lieutenant," she must keep up with new developments in her field just as the doctor must keep up with progress in medicine and surgery. In a day when "miracle" drugs and new techniques are revolutionizing the treatment of human ills, the nurse must know the score, too.

Martha studies her nursing journals as assiduously as a baseball fan reads the newspaper sports pages. In addition, she is encouraged to share in the "In-Service Study Program," conducted by the Florida State Board of Health and other agencies in cooperation with the county health departments.

Future nurses learn bed-making hospital style

Last year, for instance, a series of seminars on heart disease, staged in Florida's principal cities, attracted more than 1,000 nurses, instead of the expected 500. A significant percentage of public health nurses joined with their sisters in other branches of the nursing service to attend these lectures and to take notes like so many schoolgirls cramming for final examinations.

Public health nurses also were among those present at other seminars, workshops and study courses, learning more about diabetes, cancer, mental health and the like.

"You have to fight a battle with yourself over these courses," concedes Martha Mahoney. "You know they are valuable, worthwhile, and yet you look at a list of people you should go see and wonder if you can spare the time. Some of these study programs you feel you can miss; in other cases they bear so pointedly on work that you are trying to do that you feel you are not being fair to those who look to you for help if you miss something that might save a life, or much sickness and unhappiness."

Although she has a quiet confidence in the excellence of her nursing school and university training, Martha Mahoney knows

The Health Officer and Supervising Nurse discuss a problem with Miss Mahoney

that the books — piles of them — still wait for that day when she may decide to go in for postgraduate work and the master's degree in her profession.

"The books can wait a while," she sums it up. "I want to get more actual field experience first. If I do that, I feel that I will really know what I am looking for when I go back to school."

Martha Mahoney knows that a degree has a cash value. It will help her to earn promotion to the higher classification of nursing supervisor, with a consequent higher salary.

* * *

We have told you a number of things about Martha Mahoney and her chosen work in the field of public health. Let's spend a day with her in the field and see how she actually serves the people in her district. We can go back to the beginning of this article as she pulls away from Mrs. Zambetti's home enroute to her second call of the day.

Mrs. Zambetti appears to be doing all right, Martha muses. Heart action regular, blood pressure good, nothing suspicious; her mother there to keep house. Maybe she's just waiting for her husband to see how ill she's been before she gets up! But

better call the doctor anyhow, and let him know the patient is still in bed, and give him other pertinent information.

Her automobile grumbles through the sandy ruts of "Shack Alley." Here, in poor circumstances, lives a young Negro woman awaiting her first baby. Her husband, an itinerant fruit picker and farm laborer, is at home only on week-ends. Susie didn't show up at the last session of the pre-natal clinic. But Susie seems okay. Blood pressure? Normal. Heart action? Good. Suspicious symptoms? None. Money for medical and hospital care? Doubtful. Case for a widwife? Probably.

"Going to get a midwife, Susie?" asks Martha. "Yes, ma'm, Mrs. Whittington," says Susie. "She delivered my mama when I was born." Martha made a mental note to check on "Mrs. Whittington." She was getting old, almost ready to retire, but her delivery record was good and she was still licensed.

The wheels spin in the soft sand, then catch and carry the car back to the pavement. Next call? The attractive home where an eight-year-old girl, just back from the hospital is recovering from polio with a slight paralysis of the legs. Are the withered muscles making a comeback? Maybe a physiotherapist is needed? What does the family doctor say? The March of Dimes helped with hospitalization during the agonizing days of the first attack. But who can help the little girl on the sometimes long and tedious "Comeback Road" that polio cripples have to learn to walk? Miss Mahoney quickly reviews in her mind the various community agencies she works with and how they could help.

Eight-year-old Marianne is in bed. No pain, but weakness. Three times a day she attempts to walk, but the damaged muscles respond only feebly. Her father is working nights on a "walking machine," a wooden framework on wheels which can support the child's weight and give her a chance to use her legs.

"Keep on trying," the nurse tells the mother. "I've seen worse cases than this make a complete recovery. Meanwhile I want to talk to your doctor about taking Marianne to the Crippled Children's Clinic. I will give you the address before I go. . . ."

(We need a local physiotherapist, the nurse says to herself. Maybe next year the Visiting Nurse Association can add one to their staff. The county is certainly big enough to need one for assignments such as this.)

The visit takes time. Most of the interval is spent in talking with the mother, who needs reassurance that her only child will adjust to her handicap, no matter how severe. The mother also needs help so that she can view Marianne's situation less emotionally. Miss Mahoney gives a quick glance at her watch. Time's

The public health nurse and sanitarian work closely together

pushing. Must get out to Southside Grammar school. Three things there. Measles, audiometer tests, check report on "poor food" served in lunchroom.

The measles and poor food reports can be combined. Just before she left the Health Department Martha Mahoney had checked with the sanitarian on food-handling practices at Southside Grammar School.

"The lady who runs that place does a good job," the sanitarian stated emphatically. "She has the right equipment, the lunchroom is spotless, and all her working staff have health cards. The food is good. You might try eating there and let me know what you think."

So it was over a plate of food that Martha and Mrs. Richards, the third grade teacher, had their chat about the measles situation. One little girl, it seemed, who sat directly in front of the most recent measles victim, had come to school that morning suffering from a cold and a general lack of interest in what was going on.

"To be on the safe side," Mrs. Richards confided, "I sent her home with the recommendation she be taken to the doctor, and I am keeping my eye on the others. Measles can spread fast and I don't want half my class out sick."

The food was wholesome and well-prepared. Talking it over tactfully with the lunchroom supervisor, Martha got her side of the story.

"We have our share of finicky eaters as you know," the lunchroom supervisor reminded. "Some of my children will eat anything you put before them. A few just pick. Then there's always that small group who just won't eat at all. I suspect they are spending their money on candy bars and soft drinks. They are the ones who tell everybody the food is no good." Miss Mahoney made a mental note to get the P.T.A. president to discuss this situation at their next meeting.

Refreshed by the luncheon pause and reassured by the explanations, Martha dropped in on the teacher who was giving the hearing tests. The teacher, who had been trained by Martha in the use of the audiometer, a machine to test hearing, looked up, caught the nurse's eye, and smiled.

"Only two out of 64 tested are suspicious," the teacher greeted the nurse. "I wish you would re-check those two. One has a 'runny' ear, and the other was complaining of an earache at the time we tested him."

Both, it turned out, appeared to be suffering from ear infections. The nurse prepared notes to their parents, suggesting an examination by a doctor, and warning that some types of ear infections could cause permanent loss of hearing if not treated promptly.

"Let me know if they don't go to the doctor," Martha Mahoney said to the teacher. "But anyway I will make a follow-up visit later this month. It doesn't do any good to find these things if they are not corrected." . . .

Next, over to Satsuma Senior High to confer with the program planning committee of the Overweight Club. Big news. A nutritionist from the Florida State Board of Health would be down to speak at next Tuesday's general meeting. A local dairy was donating a case of their new low-fat milk. That would help with the refreshment problem. And the Citrus Commission was making a new movie on citrus fruits available for a "preview" showing. The nurse noted with satisfaction that nine of the 10 committee members were on hand for the meeting.

Check the health room. The two cots were well-made with clean sheets and pillowcases, and a member of the Future Nurses Club with a free period sat at the record desk, boning up on her next class assignment. "No business is good business," the nurse said as the girl gave her a smiling welcome. There Martha would stay until the final class at 3:30 p.m. Any high school containing nearly 1,000 teen-age students was bound to have its share of problems. Two "customers" soon came in. A teary-eyed freshman asked to speak to Miss Mahoney, privately. She came out with dry eyes as Martha ruefully shook her head. "All I did was listen!" A senior boy dropped in to ask about a chest X-ray. His uncle had been sent to a TB Hospital last week. A sophomore got careless with a bandsaw in the woodworking shop and brought in a nicked finger. It was patched up by the Future Nurses Club member, who had taken the Red Cross First Aid course. A fourth-grader came in to be weighed and measured. All of which reminded Martha that the Red Cross home nursing course was less than two weeks away. She wondered if she would be "tapped" to serve as instructor again this year. Excellent course. Took lots of time to prepare for. Maybe she could get a local "non-working" nurse to take this one.

Miss Mahoney was poised when the final bell sounded so that she might make a quick getaway before the teen-agers poured out of the building. This alertness sent her rolling down the road a few seconds before the school parking lot turned into a mass of confusion.

Two more home visits were on the schedule before she could call it a day. Mrs. Dinwiddie was one of several Satsuma County residents who had been found suffering from tuberculosis as a result of a mass X-ray survey staged by the Florida State Board of Health Bureau of Tuberculosis Control and the Satsuma County Tuberculosis and Health Association three months ago. The shadow looming on the small X-ray negative had been faint, but suspicious enough to call for additional X-rays and a laboratory test. Verdict: "TB" in the early stages. Her doctor had already told her. It was Martha's job to help prepare Mrs. Dinwiddie for

It's important to find the child with a previously undetected loss of hearing — hence hearing testing

her admittance to the hospital operated near her home by the State Tuberculosis Board and to reassure her of an excellent chance of recovery.

Mrs. Dinwiddie took it bravely. "I certainly don't want to give it to anybody else," she said. "My mother will have to take the children and my husband can manage somehow. I'd appre-

ciate it if you'd stop by and see them once in awhile. And if you dropped me a note, I'd be very grateful." Miss Mahoney gave her promise.

The last call of the day was at the home of a diabetic who was being patiently trained to administer her own insulin. Like some diabetics she had to overcome her fear of the needle and to learn the value of careful sterilization to cut down the risk of infection. The mere presence of a nurse while she went through the procedure (using an orange as a substitute for her own thigh), did much to encourage her.

Did we say the "last" call of the day? As Martha walked into the health department office she saw a moving picture film shipping container on her desk. It was a movie from the Florida State Board of Health Film Library on Mental Health, which she had promised to exhibit at a woman's club meeting that night. Interest in forming a child guidance clinic was growing in the town, and this particular woman's club had about decided to help with the project with substantial funds. Maybe this film will help to make up their minds, Martha thought. . . .

* * *

Well, you've just finished reading the story of one public health nurse. Parts of it, one might say, for there are many facets of a public health nurse's work we have not had time to talk about. We call her Martha Mahoney. That is not her "real" name — neither is Satsuma a "real" county. And her story is a composite of many. But all of the things that we have said about public health problems in Satsuma County are true in a varying degree in all of Florida's 66 county health departments. And Martha Mahoney's work-day is characteristic of the public health nursing sisterhood.

Not all of Martha's compensation comes in the form of a pay check. The money is important — but so is the feeling of useful service well-performed. But that occasional feeling of self-satisfaction which springs from the knowledge of a job well-done is not likely to settle down into an attitude of complacency. Her life is so closely entwined with the happiness and tragedy of life and death, overlaid with an inner awareness of her own occasional failures, that personal conceit is not likely ever to be one of Martha's weak points.

Our thanks go to the "Martha Mahoney" of the photographs, who in real life is Mrs. Elaine C. Gowell, a staff nurse with the Sarasota County Health Department.

Some nurses prefer the more regular hours of institutional duty, private duty nursing, or service in the Armed Forces. But we feel that public health nursing is very important, too. Martha likes this life that allows her to get out into the community. And she has one quality essential for any kind of nurse — she likes people. And because she does and makes it obvious, people like her, too.

Martha finds that some of her help comes from unexpected sources. And she is growing wiser in working with other people in the community in public health projects. The Tuberculosis Association, the Women's Clubs, the Cancer Society, the Polio Foundation, the civic clubs, the key people in rural areas — all these people can and will help. Here is advice, a wheelchair, a pair of crutches, glasses, counseling — waiting for different kinds of help for different people with diverse problems. "I have just about reached the point," says Martha Mahoney, "where I can go anywhere and ask almost anybody for almost anything within reason as long as it is for someone else!"

She is also an active member in her District Nurses Association, which in turn makes her a member of the State Nurses Association and the American Nurses Association. In her district work she can hold her own with any of the other members and she is serving on committees and working along with nurses in all other fields.

Public health nursing — an honorable career in women's most-looked-up-to profession.

THE MIDWIFE IS STILL WITH US

More and more of Florida's babies are being born in hospitals. But even today there still exists a need for the services of midwives in some parts of this state, mainly in rural areas. Today's midwife is better trained and better qualified for her important role in helping to usher a new life into the world. In addition, she performs her task under the direction of a well trained public health nurse, and can be "retired" from service if she fails to follow well-defined rules designed to safeguard mother and child. Says the Florida State Board of Health manual for public health nurses: "Each staff nurse is responsible for supervising the midwives in her district."

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1217 Pearl Street or P. O. Box 210

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All counties in Florida have organized county health departments except St. Johns County

FLORIDA HEALTH NOTES published by Florida State Board of Health since 1892

HOW MANY NURSES DOES YOUR COUNTY HAVE?

Public Health Nurses Employed in Florida Counties, Feb., 1954

COUNTY	NUMBER	COUNTY	NUMBER
Alachua	9	Lake	6
Baker	1	Lee	4
Bay	6	Leon	7
Bradford	2	Levy	2
Brevard	5	Liberty	1
Broward	11	Madison	1
Calhoun	1	Manatee	4
Charlotte	1	Marion	6
Citrus	1	Martin	1
Clay	2	Monroe	3
Collier	1	Nassau	3
Columbia	2	Okaloosa	3
Dade	69	Okeechobee	1
DeSoto	1	Orange	12
Duval	9	Osceola	2
Escambia	17	Palm Beach	16
Flagler	1	Pasco	2
Franklin	1	Pinellas	22
Gadsden	6	Polk	11
Gilchrist	1	Putnam	2
Glades	1	St. Lucie	2
Gulf	2	Santa Rosa	2
Hamilton	1	Sarasota	6
Hardee	2	Seminole	2
Herndano	1	Sumter	1
Highlands	2	Suwannee	3
Hillsborough	29	Taylor	1
Holmes	2	Union	1
Indian River	2	Volusia	13
Jackson	3	Wakulla	1
Jefferson	1	Walton	2
Lafayette	1	Washington	2

Grand Total: 339 Nurses

There are ten Visiting Nurse Associations in Florida, employing a total of 54 nurses. Six of these Associations are coordinated with County Health Departments.

Florida HEALTH NOTES

May 1954

CLINICS AND HOSPITALS—OR JAILS

Vol. 46 No. 5

Mental Health is the Concern of . . .

PARENTS

TEACHERS

DOCTORS

JUDGES

MINISTERS

EMPLOYERS

. . . and Many Others

Clinics and Hospitals — or Jails

To some people in Florida, "Mental Health" means Chattahoochee, Arcadia, The Farm Colony, "crazy" people, idiots, morons, or that "old fellow" who thinks he's Napoleon.

But mental health is much bigger than that. It touches the lives of all of us; it is our everyday living experience. The way we react to our problems, the way we handle situations, the way we feel about things and people.

For example: These are mental health problems:

JOHNNY — age 7 — failed in school because he did not learn to read.

PEGGY — age 10 — would not play with other children and sat in a corner reading a book.

FRED — age 11 — stayed away from home "until all hours" and "sassed" his parents.

JOAN — age 16 — was known for "going all the way" and as "an easy mark" for any fellow.

HARRY — age 18 — stayed in bed all morning, had no job and no ambition.

MARTHA and BOB — 24 and 26 — were "splitting up" their marriage of three years.

RUTH — age 40 — felt guilty and inferior most of the time for no good reason.

HENRY — age 65 — felt unwanted and useless in his daughter's home.

A well-planned Mental Health Program for Florida would help all of the above people — and you and me, too — with our mental and emotional difficulties.

FLORIDA HEALTH NOTES

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What Is Good Mental Health ?

To be able to live in the present, to get plenty of food, rest and recreation, to have self-respect, to be serious in one's efforts, (yet to be able to laugh on occasion), to consider the interests of others and give them the right to be different, peculiar or even wrong, to have trust in others, to be able to face problems squarely and do something about them as they arise.

What Is Mental Illness ?

Mental illness is a name covering several sicknesses which affect the way a person thinks, feels and behaves. Serious mental illness is called **psychosis** — and there are many types. People with a psychosis live in an imaginary world of their own which has little relation to the real world. They may think they hear voices or that their food is poisoned or that everybody is out to "get" them. They may be very depressed or in a state of great excitement. They may imagine they are some famous person or that they have magical powers. The psychotic person is "crazy" and needs to be cared for and treated.

Another type of illness is **neurosis,** an illness that interferes with a person's happiness and efficiency. Neurotic people feel that they are not loved; they feel guilty, inferior and inadequate without reason; they have an almost constant sense of dread and fear. All of us at one time or another, have a little of some of these feelings. But the neurotic person has them to a greater degree most of the time. A person with a neurosis is not "crazy" but may seem peculiar to others.

The symptoms of some of the neuroses are: extreme fears, chronic tiredness or nervous tension (the very "high strung" person); excessive shyness, sleeplessness, over-conscientiousness; constant fear of physical illness, even to the point of imagining that one "has all the symptoms"; inability to get along with people; having to "prove" all the time how good, or smart, or important one is.

Neuroses can be very severe and require psychiatric treatment in a hospital, or they may be less severe requiring service in an out-patient clinic.

There are other types of mental and emotional disorders which show up mostly in the person's behavior, such as the alcoholic, drug addict, and the juvenile delinquent.

Some mental illnesses come from injury to the nervous system; some are connected with bodily changes, and some appear to have no known physical cause. Almost all severe mental illness can be benefited by hospital treatment. Early treatment generally increases the chances of recovery. Most of the mentally ill are quiet and unexcited people. Few of them are overactive or violent. Only a very small percentage are dangerous.

In The Past

Before 1876 — Mentally ill were boarded out by Florida to institutions in other southern states.

1876 — Florida State Hospital for mentally ill (then called "Insane") established at Chattahoochee by taking over the old Federal arsenal (some arsenal buildings are still in use).

1919 — Florida Farm Colony at Gainesville opened for white mental defectives and epileptics.

1943 — Child Guidance Clinic organized in St. Petersburg.

1945 — Florida Conference of Social Welfare appoints mental health committee which led to formation of a State Mental Health Society.

1947 — The State Board of Health was designated as state agency to administer federal funds allocated by the U. S. Public Health Service.
Clinics established in Dade, Leon and Orange
Veterans Administration Mental Hygiene Clinic, Tampa
Florida State Hospital Branch at Arcadia was established

1948 — Clinics established in Hillsborough and Polk

1950 — Florida Mental Health Association organized
First Workshop in Human Relations conducted in Tallahassee

1951 — Governor appointed a citizens advisory committee on mental health
Mental Health Program established in Volusia County Health Department.
Legislature recognized neglect of "The Forgotten People" of Florida. Additional funds appropriated for new buildings at Florida State Hospital and Florida Farm Colony — the latter to provide for colored children.
Florida Mental Health Association adopted regional mental hospital plan.

1952 — Clinic established in Duval

1953 — Legislature further recognized need by appropriating funds to:

1. establish first regional hospital in Miami area
2. furnish facilities for children under 6 at Florida Farm Colony
3. promote community mental health through the State Board of Health.

1954 — Clinics established in Alachua, Broward and West Palm Beach
Committee on Training and Research in Mental Health appointed by Governor.

The Present

Eleven child guidance clinics or mental health centers have been organized in Florida and two are in the process of formation (Pensacola and Panama City). The clinics are formed as individual units with their own Boards of Directors, or as a part of a University program, or as a unit of a health department. They are financed with funds received from the U. S. Public Health Service and the Florida State Board of Health, with assistance from the Boards of Public Instruction, with participation by civic and social clubs and by contributions from city councils, county commissioners, and Boards of Public Instruction.

Most of the clinics give, primarily, services to children and their parents. In 1953, nine clinics served a total of 4,523 individuals — 367 of these were over 21 and 702 between ages 6-9. Not one-fifth of those needing service in these communities received it, because of lack of personnel.

The figures above do not show the varied and larger group served through consultation on general problems in the field of mental health as shown by the requests filled by clinic staff members to such groups as the P.T.A., Men's and Women's civic and social clubs, professional groups such as nurses, social workers, ministers, medical associations, teachers, etc. These requests are for: mental health workshops on interpersonal relationships; lectures and panel discussions on emotional needs of children; child development, the exceptional child, problems of old age, preparation for parenthood, rehabilitation of the mentally ill, and many others.

If You Had One Wish

Would it be?

To get along with your mother-in-law?
To understand why Sammy is so lazy
To know why your parents are so old-fashioned?
To make the Varsity Football team?
To lose weight? To stop drinking so much?
To be given some responsibility at the office?
To have people trust you? To get a raise in salary?
To know why your wife is suddenly so hard to live with?
To know why the fellows don't like you?

That each person has a basic need to feel secure and important, to feel comfortable with oneself, to get along with others. In other words, to lead a happy, satisfying, useful life.

What do these wishes mean?

This adds up to:

What we mean when we say **MENTAL HEALTH IS IMPORTANT TO EACH OF US.**

Florida's Mental Health Program is designed to assist persons in all walks of life who need help with their thinking, feeling, and behavior problems.

Here's Help

The eleven clinics that are now in operation are:

1. Dade County Guidance Clinic, 275 N. E. 2nd Street, Miami 36
   Walter M. White, Jr., M.D., Director-Psychiatrist
   2 clinical psychologists, 4 social workers
   2 psychometrists
2. Child Guidance and Speech Correction Clinic of Duval County, 635 Ocean Street, Jacksonville
   Edward L. Flemming, Jr. Ed. D., Director-Psychologist
   2 psychologists, 1 consulting psychiatrist (part-time)
   2 psychiatric social workers, 3 speech therapists
3. Hillsborough County Guidance Clinic, W. B. Henderson School, Tampa
   George Finck, Director-Marriage Counsellor
   1 psychologist, 1 social worker, 1 psychiatric consultant (part-time)
4. Human Relations Institute, P. O. Box 1117, Tallahassee
   Vernon Fox, Ph.D., Director
   1 psychiatrist, 2 psychologists, 1 social worker, 1 psychiatric social worker, 1 consultant and supervisor in psychiatrical social work (all part-time)
5. Orange County Guidance Clinic, 1214 E. South Street, Orlando
   Rodman Shippen, M.D., Director-Psychiatrist (part-time)
   2 psychologists (1 part-time), 1 psychiatric social worker
6. Pinellas County Guidance Clinic, 757 Fourth Street North, St. Petersburg
   Harold C. Rivkind, Acting Director-Social Worker
   2 psychologists, 1 psychiatric social worker
   1 psychiatrist (part-time)
7. Polk County Guidance Clinic, P. O. Box 117, Bartow
   1 psychologist, 1 social worker, 1 psychiatrist (part-time)
8. Mental Health Division, Volusia County Health Department 440 S. Beach Street, Daytona Beach
   R. D. Higgins, M.D., Medical Director
   3 psychologists, 1 mental health nurse (full-time)
   1 nursing supervisor (part-time)
9. Florida Center of Clinical Services, University of Florida, Gainesville
   Darrel J. Mase, Ph.D., Coordinator-Psychologist
   1 psychiatric social worker
   Services of psychiatrist and psychologists (part-time)
10. Family and Children's Counseling Center, Inc., 370 S. E. Second Street, Fort Lauderdale
    Geo. P. Dunlevy, Jr., Ph.D., Director-Psychologist
    1 psychiatric social worker
11. Mental Health Program, Palm Beach County Health Department P. O. Box 29, West Palm Beach
    Joanna Byers, Ph.D., Acting Director- Psychologist
    psychiatrist (part-time), 1 social worker

Preventive Services Planned

Thirteen child guidance clinics in Florida cannot meet the needs of their thirteen counties. Mental health workers located in county health units could extend the clinic service to the other 54 counties. These workers could carry on local mental health education, act as resource persons on mental health facilities, consult with teachers, parents, nurses, and others about behavior problems. Once a week the mental health workers would visit a selected consultation center (one of the existing clinics):

1. to take their patients to clinic for diagnostic and treatment service;
2. for supervision of work;
3. for in-service training.

This plan, devised to provide mental health services to all citizens cannot be started without additional funds. However, these services would cost $7,000 for each unit, compared to $30,000 that is the minimum it takes to run a "full-blown" clinic center for one year. The next session of the Legislature will be asked to provide $100,000 more per year than now appropriated to inaugurate this service.

Help Wanted

. . . Psychiatrists — Clinical Psychologists — Psychiatric Social Workers in Child Guidance Clinics, out-patient clinics, and hospitals. Demand for workers is acute — professionally trained help is scarce.

. . . Governors of sixteen Southern states are concerned. They are sponsoring a study of training and research in mental health. What training facilities do we have? Who is trying to find out how to detect early symptoms of mental illness? How can we do a better job of treating the ill? The Governors' Fact-Finding study should point the way to earlier prevention, greater understanding of causes and cures, and better treatment!

Today We Believe

. . . Much mental illness can be prevented

. . . Over fifty per cent of hospital patients can be treated successfully

. . . Hospitals can become too large

. . . Patients recover more quickly when hospitals are located in urban centers and closer to their home communities

. . . Isolated hospitals have more difficulty finding suitable staff

. . . Better trained personnel in hospitals is more effective than new buildings to help patients get well.

The Future

Florida needs:

. . . Four other regional hospitals in Jacksonville, Orlando, Tampa Bay area, Palm Beach.

. . . Adequate salaries for hospital personnel to attract qualified psychiatrists, psychiatric nurses, psychologists, psychiatric social workers, occupational therapists, recreational therapists, and attendants.

. . . Strengthening of child guidance clinics as well as mental health clinics serving adults.

. . . Follow-up clinic service for patients discharged from mental hospitals.

. . . A family care or foster home program for patients who have no families or do not need further hospital care yet cannot return to their homes.

. . . Psychiatric wards in local general hospitals.

. . . Short term diagnostic and treatment centers.

. . . A special center for care and treatment of the aged.

. . . Better commitment laws and procedures.

. . . Residence for emotionally disturbed children.

To Get Down To Brass Tacks . . .

Only 419 patients were returned in 1952 to their homes and communities out of an adult population of over 6,000 at Chattahoochee and Arcadia. The remaining 93 per cent might well be ours to support for the remainder of their lives unless something can be done to provide more funds and more staff to meet adequate treatment standards for the mentally ill who need hospital treatment.

The American Psychiatric Association states that **minimum** standards are one psychiatrist to 200 patients. Chattahoochee has one to every 977 patients. There should be one nurse to each 40 patients — Chattahoochee has one to 270 patients. Our hospital staffs do the best they can under these circumstances. They are concerned about the many who might have been helped and returned to their homes if they could have given them more competent care within the first year of their hospitalization.

Also, if there were adequately staffed psychiatric clinics in the centers of population throughout the State, many of these people never would get as far as Chattahoochee. They would receive help near or in their home communities and be returned to useful lives. Ninety-five per cent of the cures of mental illness are among those who receive competent care within the first year of their illness. It is estimated that there should be one Clinic Team of a psychiatrist, a clinical psychologist, and a psychiatric social worker for each 50,000 in the population. For Florida, this means 60 such teams. We do not nearly reach this figure.

Florida Farm Colony for our feeble-minded and epileptic children houses 481 with prospective patients still on the waiting list, some for as long as six years. Recently a full-time doctor was appointed to the staff, as well as a social worker, a psychologist, and an educational director.

Progress is being made and encouragement should be given to the efforts of the personnel in our State Institutions and on our clinic staffs. **They need our help and support** in their services which any one of us, our families, neighbors, and friends may sometime require.

To Some People Mental Health Means

PEOPLE IN MENTAL HOSPITALS
(9,015 patients treated in Chattahoochee and Arcadia in 1952)

JUVENILE DELINQUENCY IN FLORIDA
(5,300 Juvenile Court cases in Florida each year)

ALCOHOLICS
(19,000 chronic drinkers in Florida)

DRUG ADDICTS
(A few hundred criminal addicts, mostly floaters)

SUICIDES
(353 suicides in Florida in 1952)

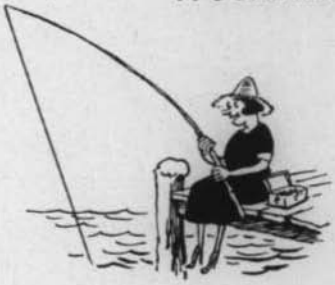
DIVORCES
(26,000 marriages and 21,000 divorces in Florida in 1952)

But Mental Health Also Means

HAVING A SATISFYING FAMILY LIFE

HAPPINESS IN MARRIAGE

A GOAL IN LIFE



HAVING FUN

ENJOYING YOUR WORK

FEELING SECURE AND IMPORTANT

Who Is Concerned With Mental Health?

- ★ EVERYONE.
- ★ Florida State legislators appropriated $150,000 for mental health from July 1953 through June 1955.
- ★ Federal government appropriated approximately $55,000 for 1953 and $42,000 for 1954 for Florida through the U. S. Public Health Service.
- ★ Florida State Board of Health.
- ★ County Health Departments.
- ★ Boards of Commissioners of State Institutions.
- ★ County Commissioners.
- ★ Boards of Public Instruction.
- ★ County Boards of Education.
- ★ Local Boards of Health.
- ★ Members, Officers, and Board Members of Mental Health Associations.
- ★ State and County school systems.
- ★ Colleges and Universities.
- ★ Community Chests.
- ★ Many local civic and social groups.
- ★ Members of Associations for Mentally Retarded Children.
- ★ Florida Alcoholic Rehabilitation Program.
- ★ Many others who help financially support the various clinics throughout the State through public subscriptions and donations.

Why We Need Child Guidance Centers

80,000 children were born in Florida in 1953. **One** out of **twelve** children born each year will need to go to a mental hospital sometime during his life because of severe mental illness. We need to concentrate on a program in Florida to **PREVENT** just these **6,666** from needing this costly care.

Who Does Mental Health Work?

The most important people in any mental health program are parents, teachers, doctors, nurses, ministers, employers, judges, law makers, health officers, school administrators, "key people" in the community and leaders in all walks of life.

Effective mental health is partially a product of any service which meets people's various needs. The understanding help which mothers may receive from their family doctors, specialists or prenatal clinics during their pregnancy, the manner in which parents understand and rear their children, what is done in the schools, how police handle offenders, the kinds of religious life supplied by religious institutions, the satisfactions found in industrial, business and recreational associations — all are examples of ways in which mental health may be promoted. A broad mental health program will concern itself with the goings-on in every area of life and will offer cooperation and interpretation of people's needs wherever and whenever the occasion arises.

Then there are the **specialists** with specific training in various fields with emphasis upon services to persons who are having a difficult time in their relationships with people; persons who are disturbed, fearful or insecure to the extent of it interfering with their everyday life. These specialists are psychiatrists, clinical psychologists, psychiatric social workers, psychiatric nurses, and mental health consultants. You will find one or more of these in our Florida community health clinics and child guidance centers,

also in our hospitals and other specialized health programs throughout the State. There are not even a minimum number of specialists to meet the needs — needs which place the emphasis on training of "front-line" community leaders to not only be able "to live" good mental health practices themselves but to pass on to others the basic principles of how to live a happy, satisfying useful life, no matter what the odds may be.

Why We Need Community Mental Health Clinics

There are about 1,250 new admissions to our State Hospitals each year. This means a loss in potential earnings annually of $6,250,000. It will cost the State $2,900 per day to care for these new admissions even with our present lack of enough trained staff and equipment. This cost to the individual, his family and the State can be reduced to the extent that we provide a program of **PREVENTION, TREATMENT AND CURE** of emotional disorders before they reach the critical proportions necessitating hospitalization.

Sand Dune Cove

It is "PTA Night" in Sand Dune Cove, a small community 20 miles up the beach from the largest city in Satsuma County. There is much activity in the homes with parents getting ready and the school children getting underfoot as this is the night parents can find out first hand from the teacher if Susie has been a "good" or "bad" girl and if the teacher thinks Johnny maybe needs help at home in his reading. Also, there is to be a special speaker.

This is a very special night as a letter from the school secretary had urged all parents to make a special effort to come. They gather early at the school house and huddle in groups in the hallway swapping small talk antd wondering what the stranger from the Satsuma County Child Guidance Clinic could tell them about bringing up their children.

The dues have been collected, announcements made, and plans made for a benefit. Then Mrs. Jones, program chairman, rises to announce Mr. Green of the Child Guidance Clinic staff . . . What? No speech? He explains that because each parent has learned a lot in raising Johnnie and Mary and yet at times is a little puzzled by some of the things they do and say, this will be an informal sharing of ideas as well as asking any questions they might like. There are glances, smiles, and a silence lasting for a few minutes. Then a little woman with sparkling black eyes, seated near the front, edges off her chair, and breaks the ice with this question: "Do you believe children should be spanked — I've been wondering about that lately — Mary wets the bed at night and spanking just seems to make it worse — of course, my mother always said, 'Spare the rod and spoil the child!' " Mrs. Brown with a sweet, demure expression feels she is challenged. "My child wets the bed, too, but I don't punish. I know exactly how she feels for I used to do it too and I was so ashamed." A young mother with a rather nonchalant air jumps up to inject her feelings, "Gee, I thought nearly all children wet the bed until they

were big enough to be really ashamed. Dr. B said my Susie would outgrow it — so I don't worry about it except there's so many sheets to wash." Mrs. Marie Smith listens intently at this give-and-take of experiences of her neighbors and her husband leans over and whispers, "I guess we aren't the only ones."

And so these parents recognized that others were facing the same problems and as each described their child's difficulty and how they handled it others offered suggestions and criticism. And thus the group expressed their opinions and shared their experiences set in motion by one mother requesting advice.

What became of Mr. Green? Through his skill and understanding of people and their relations with each other, he guided these parents toward an expression of their feelings and ideas by affording them recognition, support, and a knowledge that others had some of the same problems.

Marie and Paul Smith, sitting in the back row, did not speak out but they too were "feeling" with the group. They later confided to a friend that they had learned a lot from listening. Out of this developed the plans for other future discussion programs for the year — a better understanding of what is involved in a child's development and in parent-child relations. By telephone and letter reports trickled back to the Clinic that many parents had their eyes opened and were encouraged to try out new ways of handling their children's problems and questions.

* * * *

There is nothing historically new about this experience. People can and do help one another all of the time today as well as in days gone by. What they do need often, though, is guidance and help in setting the wheels in motion. This, the clinic staff attempts to do by encouraging people to discover and develop their own resources for helping themselves, many of which they were previously unaware.

What A Good Mental Health Program Means To A Community

Some difficulties will arise in every community as a result of people living together. There will be some children who appear to be really vicious like the little "brat" who stomped all over your flower garden, broke your milk bottles, put your cat's tail in green paint and then kicked you when you tried to reason with him. There are some adults like the guy next door who is always trying to "run things" at any neighborhood project.

In every community there will be individuals who have not learned how to make constructive use of their time, either in employment, like the girl on the next work bench who slows up your piece work, or hobbies — like the guy who always complains of having nothing to do, or that helpless woman across the street who says she can't sew or cook or play games.

In every community there will also be individuals who seem always at odds with established local laws: people who have not learned how to get along with others. In marriage these failures also become apparent. As a result, the community is faced with the need to provide protective services, court systems to make social decisions about the non-conforming or unhappy individuals, and provide places for custody. This is costly. A good mental health program will not only be cheaper but will provide a larger measure of security, good human relationships, and constructive living for all the residents of the community.

Prevention Through Education

Someone has paraphrased an old adage to read, "You can lead a child to school but you can't make him **think.**"

When we speak of **preventing** mental illness and its terrible cost in terms of human lives and money **through education,** this means **changes** in the **behavior, thinking** and **feeling** of all of us. We all need to experience and develop "feelings" and "attitudes" which will help us get along with people. An educational program about mental health is not just gaining a lot of intellectual knowledge about mental health or mental illness: it is being helped to understand **how** we "think" and "feel" about people. **What** we can do about any indicated changes is pretty much up to our own emotional maturity (ability to change or grow).

Nationally and locally, we are all subject to magazine and newspaper articles, radio and TV programs, plays, booklets, pamphlets and even novels stressing mental health as our number one problem. They may not call it mental health but they tell us what to do to make our child stop sucking his thumb, or spell out in lurid detail what caused John to leave Mildred or how to provide recreational outlets for the teenagers who are killing themselves in "hot rods."

We can gain much learning from some of these educational means but we must recognize the "feelings" of persons with problems and see how each individual is a total of all of his particular life experiences. There is no standard "cure-all" for any of these or like problems.

We do know that **prevention** is less costly than **care** and **treatment** of any illness. An educated public is one that has the "know-how" to promote mental health and a burning desire to prevent mental illness.

FLORIDA ASSOCIATION FOR MENTAL HEALTH

122 Wall Street — Telephone 6685

Orlando, Florida

President, Mrs. H. Merritt Britt, 1206 Aloma Ave., Winter Park

Vice-Pres.: Mr. H. Elmo Robinson, 501 Harvey Building, West Palm Beach

Secretary: Mrs. Mercer Henry, 3105 Helen Street, Orlando

Treasurer: Miss Roberta Moore, 316 W. Columbus Drive, Tampa

Local Associations:

CENTRAL FLORIDA MENTAL HEALTH SOCIETY
President: Mrs. Alice Ingdahl, 59 E. Washington St., Orlando

CLEARWATER MENTAL HEALTH ASSOCIATION
President: Dr. Alexander Ladd, 330 Roebling, Clearwater

INDIAN RIVER AREA MENTAL HEALTH ASSOCIATION
President: Mrs. Marcus Chaney, 1008 Mayflower Road, Ft. Pierce

MENTAL HEALTH SOCIETY OF SARASOTA COUNTY
President: Mrs. Clifford Street, 3935 Flores Red Rock, Sarasota

MENTAL HEALTH SOCIETY OF SOUTHEASTERN FLORIDA
President: Mrs. Will S. Lindsley, 9716 N. W. 5th Avenue Road, Miami Shores
Exec. Dir.: Miss Lois Parks, 700 S. W. 12th Avenue, Miami 36

NORTHEAST FLORIDA ASSOCIATION FOR MENTAL HEALTH
President: Miss Frances Bedell, P. O. Box 4315, Jacksonville 1

PALM BEACH COUNTY MENTAL HYGIENE ASSOCIATION
Exec. Director: Mrs. Davina M. Dougherty, St. Mary's Hospital, West Palm Beach

TAMPA BAY REGIONAL MENTAL HEALTH SOCIETY
President: Mrs. Carlton Johnson, 3126 Oaklyn Drive, Tampa

What Can You Do?

Contact the Florida Association for Mental Health or your local mental health association. Ask them about publications on: general mental health topics, juvenile delinquency, adolescence and preparation for marriage, family relations, aging, the mentally ill, the mentally retarded, community education and planning, teachers and mental health, etc. **Also,** leaflets, posters, exhibits, materials for group discussions, recordings, dramatic sketches, films and filmstrips and other mental health material for television and radio.

Your local mental health associations (see page 109), as well as local child guidance clinics (see page 96), will also provide speakers and help you with planning aspects of a mental health program.

The Florida State Board of Health (through its Division of Health Information and Division of Mental Health) is also another resource for films and pamphlets, as are colleges and universities, General Extension Division of Florida, churches, and many other local organizations. If you don't know where to turn for educational material, write

The Florida State Board of Health
Division of Mental Health
Jacksonville 1, Florida.

The State Board of Health

1217 Pearl Street or P. O. Box 210

JACKSONVILLE, FLORIDA

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Acting Governor of Florida

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Division of Mental Health
Paul W. Penningroth, Ph.D.

All counties in Florida have organized county health departments except St. Johns County

FLORIDA HEALTH NOTES published by Florida State Board of Health since 1892

187,500 PERSONS in Florida are in need of psychiatric attention or have emotional illness disabling enough to interfere with their work, family or social life.

In 1953, NINE MENTAL HEALTH CLINICS IN FLORIDA served well over 10,000 INDIVIDUALS most of whom remained as useful citizens in the community. Many more gained help through group programs. There were **2,495 NEW ADMISSIONS** to our **TWO MENTAL HOSPITALS** from July 1950 to July 1952, and a total of **9,015** were hospitalized during this period.

Many mental illnesses can be **PREVENTED IF** treated early and many can be **CURED.**

Florida HEALTH NOTES

June 1954

1953 HEALTH NEWS

Vol. 46 No. 6

1953 HEALTH NEWS

There is much in the news today that concerns the public's health. Interest in healthful living has reached a new high — much of which is reflected in the daily press. Therefore, we are presenting a resume of the 1953 activities of the Florida State Board of Health as you might read it in your daily paper — and it is as important **to you,** a Florida citizen, as anything you may find within its columns.

FLORIDA HEALTH NOTES

Published monthly except July and August on the 5th of the month by the Florida State Board of Health. Publication office, Jacksonville, Fla., headquarters of the State Board of Health. Entered as second class matter, Oct. 27, 1921, at post office, Jacksonville, Fla. Act of Aug. 24, 1912. It is intended primarily for individuals and institutions with an interest in the state health program, public and private. Permission is given to quote any story. Clippings of quotations or excerpts would be appreciated.

Telling State's Good Health Story Health Information Division Task

Through newspapers and magazines, radio and television, by moving pictures and pamphlets, the Florida State Board of Health Division of Health Information is busy telling the "Good Health" story, designed to save lives and reduce crippling disease.

How does this Health information service reach out to touch the lives of Florida's residents and visitors? Let's have an example —of one among many:

A middle-aged woman attends a showing of a film on cancer put on by her club. There she sees the answer to something that has been bothering her. Spurred by the film, she visits her family doctor. The doctor discovers a malignant growth in its early stages. An operation, quickly performed and the threat of cancer is removed from her life.

Have another example. The State Board of Health veterinarian discovers that rabies is on the increase among animals in a certain area. Warning stories are written and carried by the newspapers. A child is bitten by a coon. Mindful of the warning which he saw in the newspaper, the father reports the bite to the county health department. The coon is found to be rabid. The child is given anti-rabies treatment, practically the only hope of saving his life.

A total of 4,216 films on many public health subjects were distributed for showing before 10,899 audiences. Nearly 700,000 persons benefited by these free showings. In addition to films owned by the State Board of Health, a number of volunteer health and government agencies make films available for distribution through the State Board of Health Film Library. They include the Florida Tuberculosis and Health Association, the Florida Society for Crippled Children and the Vocational Rehabilitation Division of the State Department of Education.

More than 100,000 pamphlets were distributed during 1953, most in response to specific request or to certain groups and organizations having a particular interest in such literature Sharing in the task of telling the good health story was a little magazine, FLORIDA HEALTH NOTES. Each of 10 monthly issues dealt at length with some phase of public health. A total of approximately 120,000 copies were issued with a potential readership of several hundred thousand persons.

A medical library operated by the division for physicians, nurses and public health workers is considered as ranking among the best of its kind in the nation. In addition to 9,469 books, periodicals, microfilms and other items supplied from regular stocks, an additional 65 interlibrary loans were obtained from 12 university and medical libraries throughout the South and East in answer to queries from library patrons.

Special orientation programs help train others in the continuing task of spreading the good health story to families and individuals so that they may benefit from the wealth of life-saving knowledge developed by medical science and modern public health practices.

Local Health Services Spreading Over State

The Bureau of Local Health Services, the State Board of Health's principal link with the all-but-complete network of county health departments, found the financial picture somewhat cloudy as 1953 ended, but took hope from the fact that some counties were rallying to the support of local health programs.

The 1953 State Legislature had voted to increase state funds available for county health departments from $850,000 to $1,100,000, a gain of $160,000. But Federal funds available for the same purpose were reduced from $169,000 to $109,000, a loss of $60,000.

Meanwhile work of providing better facilities for county health departments was progressing well in some areas. Jackson County in West Florida, for instance, with a population of approximately 35,000 people, provided its citizens with a new $70,000 health center with the assistance of a Hill-Burton assistance grant. In Clay County, citizens of Middleburg pooled their money and skills to provide a health center for that growing rural community.

Calhoun County Commissioners purchased a site for erection of a new health center and began considering plans for construction of a suitable building. Hillsborough experienced a spurt of public health building activity, with a new health center in Ruskin, a new clinic building in Tampa's Negro area, and improvements and extensions to its headquarters building in Tampa. Pinellas County saw a former school building in St. Petersburg turned into a handsome modern structure with renovations and additions costing $117,000. Polk County provided a new health center building at Winter Haven at a cost of $101,874, with city, county and federal assistance. Manatee's County Commissioners pledged $39,000 to match an expected Hill-Burton assistance grant which is expected to provide a new $100,000 health center there in the near future.

Other significant developments in the local health field included a surprising 70 per cent turnout of freeholders at Hollywood, Fla., who voted 12 to 1 in favor of bonds to finance a new sanitary sewer system. Also noted was the consolidation of the Palm Beach County-West Palm Beach City Health Departments into a single county health department, leaving Jacksonville as the state's only major city operating its own health department.

St. Johns County remains the only hold-out in the state's network of county health departments. An offer from the State Board of Health to help with the establishment of a county health department was still under consideration as the year ended.

The bureau's annual report noted that a total of 170 sanitarians were employed by the State and County health departments, 60 short of the estimated number needed for minimum standards. It was pointed out that the present salary range was too low to make such employment attractive.

Florida Public Health Nurses Find Days Crammed With Service, Study

The old saying that "a woman's work is never done" really hits home where a public health nurse is concerned. Florida's public health nurses generally find their working schedules so crowded that their real problem is to decide what they MUST do today and what else can be left safely until tomorrow.

Along with the sanitarian, she is literally the "eyes and ears" of a county health department, as well as the arms and legs, the mind and heart of a woman who has received the special training needed to seek out the weak and ailing, the sick and the crippled, and to persuade them to take the treatment that will make them well again.

Here is an expectant mother with syphilis, there another with tuberculosis. Here is a school child with faulty eyesight, another with hearing difficulties. Over yonder in the "back county" is a whole family literally alive with hookworm.

In her role as nurse, she must be careful never to usurp the role of the doctor. How to obtain treatment for people in need of it, how to train families and individuals in the "good health habits" that mean a longer and more productive life, are the principal concerns of a public health nurse.

A total of 323 nurses was employed by the State Board of Health and the various county health departments as 1953 ended. In addition, there were 94 public health nurses employed by other agencies, a total of 417 public health nurses to serve Florida's more than three million residents.

A public health nurse has a double responsibility. She not only must serve those in her district, but she must keep up with the new developments in medicine and public health which can add to the useful productive life span of people in Florida and other states.

To do this she must budget her time so that she can continue as many of the in-service training projects as possible, attend institutes and workshops and occasionally go away for post-graduate training. During 1953, for instance, Florida's public health nurses were expected to attend institutes on mental health, heart disease, a seminar on obstetrics, participate in an "exchange-visit" program between nurses employed by county health departments and the hospitals operated by the State Tuberculosis Board. In addition, a number of nurses enrolled in extension courses offered by Florida State University. Four nurses went away to colleges and universities for post-graduate training.

In an age when the "A" bomb and its big brother, the "H" bomb, hang over the world with their threats of total war brought close to home, public health nurses rose to the challenge by attending classes for registered and practical nurses on "Nursing Aspects of Atomic Warfare."

She seeks to be ready for anything her job might offer, from teaching a diabetic how to test his urine to plunging into a radioactive area to help those who still can be saved from the crushing disasters of modern war.

Training Programs Aid Health Work in Florida

Florida's 66 county health departments know they can turn to the State Board of Health for advice and counsel on many of the problems that face them in the administration of the state's public health program.

The counseling and instruction services are provided by the Field Advisory Staff, with headquarters in Jacksonville, and the Field Training Center, operated by the Alachua County Health Department at Gainesville. These services operate under the direction of the State Board of Health Bureau of Local Health Services.

Public health today is a specialized branch of the healing arts. Many persons employed by state and county health departments often need specialized instructions in their duties as public health doctors, nurses, sanitarians and clerks. Part of this instruction is provided by members of the Field Advisory Staff, who travel many thousands of miles each year to offer on-the-job suggestions. Another part is provided at the Field Training Center at Gainesville, where newcomers to public health are enrolled in intensified short courses to better prepare them for their work.

In addition, the Field Advisory Staff in 1953 was assigned a new and important duty — that of enforcing laws and regulations regarding operations of Florida's many nursing homes, catering mainly to the elderly and infirm.

In order to acquaint nursing home operators with the provisions of the law passed by the 1953 session of the State Legislature and of the newly-adopted rules and regulations, meetings were held in 14 key cities throughout the state in 1953. The director of the Field Advisory Staff and his assistants described the minimum health and safety standards under which such homes could continue operations, and told them they would have until July 1, 1954 to meet the necessary requirements.

Following this series of meetings, the actual inspection work began. As of December 31, 1953, a total of 159 homes had been automatically licensed subject to final inspection, on or before July 1, 1954.

Lack of funds hampered training in public health aspects of civil defense, the Field Advisory staff reported.

The Field Training Center also noted that a shortage of funds cut into the activity of that agency. However, during 1954, a total of six physicians, 29 nurses and eight sanitarians were enrolled in instruction courses there.

This training is offered to any employe or prospective employe who can meet state Merit System requirements. The trainee is given an opportunity to gain experience by actually participating in the regular activities of the Alachua County Health Department. Guidance and counseling are provided by the training staff, but each trainee has an opportunity to work on his own in solving practical problems.

State Invests Six Million Dollars For Protection of Public Health

As it is with any business enterprise, money is the fiscal life-blood that builds and renews the muscles so that the job may be accomplished. So it is with the Florida State Board of Health, which assigns the task of watching the cash-box and checking expenditures to its Bureau of Finance and Accounts.

In addition to safeguarding the cash-box, the bureau also keeps an eye on purchases and property and oversees operations of the Personnel and Payroll sections.

The Bureau of Finance and Accounts, in short, is a key service organization for the state's whole official public health program. It handles the business management for the board in connection with the financial and personnel affairs of all bureaus and divisions and county health departments, including the payment of salaries, travel expenses and other obligations; personnel matters such as recruitment, employment, termination and reclassification, in line with State Merit System regulations under which the state's public health program operates. It also purchases a wide variety of goods and service in line with good business practices and under regulations laid down by the State Comptroller and other policy-making agencies of the State Government. It also maintains an inventory of property and equipment.

How much money did Florida have to operate its public health program during 1953? Of the $5,996,063.15 available, only $2,539,278.11, or 42.3 per cent came from state appropriations. Other income sources were: from local agencies (such as city and county government units, school boards, etc.), $2,246,934.06, or 37.4 per cent; from federal grants-in-aid, $1,197,450.98, or 20 per cent; from private contributions, $12,400, or three-tenths of one per cent.

Where did the money go? Salaries accounted for the most part, with $4,093,975.28 or 70 per cent; contractual services, such as repairs, utilities, travel expense, fees and hospitalization in the cancer control program, took the next biggest bite, with $922,563.02 or 16 per cent being used for this purpose. Commodities, such as supplies and equipment for office, laboratory, medical, mosquito control and health education purposes, claimed $512,288.29, or nine per cent; current charges, such as rents, insurance, State Merit System costs and registrar fees, took $125,363.98, or two per cent, while capital outlay, including equipment and fixed assets, took $196,350.60, or three per cent. The total of all money paid out for all purposes for the fiscal year ending June 30, 1953 totaled $5,850,541.17.

That financial accounting is not quite complete. We need a small footnote to list other contributions made to the State Board of Health from the U. S. Public Health Service in terms of personnel "on loan" to the state health agencies, and of personal services, supplies and equipment supplied by the federal agency, which totaled $102,764.83. All in all, Florida spent on its citizens slightly more than one-half cent per day per person for public health activities.

Vaccine Offering Hope For Control of Polio

Polio, influenza and infectious hepatitis, the latter a liver disorder, made the big news in the State Board of Health Bureau of Preventable Diseases during 1953.

Brightest note was word from the National Foundation for Infantile Paralysis that a trial vaccine developed by Dr. Jonas Salk held forth the promise that infantile paralysis could be conquered within a few years if the new injection lived up to its laboratory reputation. Plans to have Florida children participate in the field trials of the vaccine on a volunteer basis were being made as the year ended. Meanwhile it was noted that the number of reported polio cases had totaled 733 for 1953, an increase of 70 over the previous year.

On the basis of incomplete reports, influenza reached the epidemic stage in Dade, Collier, Brevard, Leon and Okaloosa Counties, with a significant upturn in several other areas during the first several months of the year.

Infectious hepatitis, a liver disorder from which recovery is generally slow and tedious, jumped from four reported cases in 1949 to 301 reported cases in 1953. (Part of this increase may be due to better reporting of the disease).

Despite the fact there is a tested and effective immunization for diphtheria, this disease jumped from 66 cases reported in 1951 to 114 cases during 1953. The bureau noted that "the importance of immunization of the infant and preschool child must be stressed as the answer to the increase in diphtheria for the state."

Of the 19 cases of malaria, none are believed to have developed in Florida, but were brought in from other areas, principally veterans returning from Korea.

In contrast to influenza, measles hit a low record, on the basis of reports received by this bureau. Only 1,185 cases were reported, the lowest number since 1948. The bureau noted that gamma globulin has proved effective in protecting against measles.

In summing up the year's work, the bureau stated that "no significant problem (in communicable diseases) occurred, but there was a slight rise in a few of the diseases which emphasized the necessity for continued vigilance and control of the scattered cases as they do appear."

The bureau's Division of Industrial Hygiene continued its investigations of potential health hazards, principally in the manufacturing and processing field. During 1953, division representatives made 354 inspection visits to 197 industrial plants, and recommendations for control measures were made in 35 instances. In addition, the division continued its studies of conditions in lead-processing plants. A number of routine and special laboratory tests were performed, including the testing of thermal insecticide dispensers, or "mosquito bombs," as a cooperative service for the Bureau of Entomology.

Need of Earlier Case-Finding Seen To Reduce Death Toll From Cancer

Control of cancer, second only to heart disease as a cause of death, depends more heavily upon earlier case-finding and prompt treatment, the State Board of Health Cancer Control program has revealed.

Of the 5,717 cases of cancer reported in 1953, approximately two-thirds of the cases were first reported by means of death certificates. Other reports came from records of persons receiving state aid for treatment or from tumor clinics.

Services available under the Cancer Control program at the end of the year were limited to diagnostic procedures and the hospitalization of cases through the 17 tumor clinics in operation over the state. The demand for assistance in the diagnosis and treatment of cases has increased gradually since the program was started in 1947.

At the beginning of the program in 1947, fees were paid to surgeons, radiologists and anesthetists. Funds have not kept pace with the growing number of calls for these services, and many cancer control specialists are donating their services to keep the program alive. An additional emergency grant of $54,000 was made by the State Cabinet in 1953 to help provide for payment of hospital bills for indigent cancer patients.

The Bureau of Preventable Diseases, under which the Cancer Control program operates, states that "in order for a patient to be eligible for state aid under the program, it is necessary that the patient fill out an application listing financial condition, have it signed by the attending physician and approved by the county health officer or welfare worker as to eligibility for treatment through state funds. Then the patient is sent to the nearest tumor clinic. If in the opinion of the tumor clinic the patient has a reasonable hope of recovery treatment is begun."

Because of the limitation of funds, those considered beyond hope of recovery receive no assistance to ease their last days.

Financial assistance in operating the tumor clinics is furnished either by the State Board of Health or the Florida Division of the American Cancer Society, or by both agencies, depending upon the size of the clinic. There is a full-time secretary in each of the tumor clinics, and nurses are made available through the hospitals, health departments or the local Cancer Society.

Examination of human tissue to determine if cancer exists is performed by pathologists in private practice. In cases where the examining physician makes no charge for his services, the pathologist performs the service free.

Aside from the need for earlier case-finding, the biggest problem facing the cancer control program is the increasing cost of hospital care. Although in most cases the costs exceed the maximum of $15 per day paid by the state, the institutions are continuing to receive such patients with only a few exceptions, as the Florida Hospital Association seeks an increase in the per-day rate being paid from state sources.

Florida Winning Fight On Venereal Disease

Private physicians and public health workers are cooperating effectively in a case-finding and treatment program for venereal diseases, but much still remains to be done before Florida's record will compare favorably with that of other states.

The State Board of Health Bureau of Preventable Diseases, which directs the state's public health venereal disease control program, notes that the number of reported cases of syphilis in 1953 totaled 6,722, a 38 per cent drop over the 10,824 cases reported for 1952. Of that number, about 50 per cent were first reported by private physicians, with the other cases being discovered as a result of examinations in the state's six Prevention and Control Centers. The centers are located in Jacksonville, Miami, Pensacola, Tallahassee, Tampa and West Palm Beach.

These centers, says the bureau, "have not only cared for the venereal disease case load within the counties assigned to their area, but have given diagnosis, initial treatment and other assistance. A total of 96,622 persons were examined during 1953, and 2,824 received treatment."

A shift in the treatment program appears to be looming, however. The bureau report continues.

"With the present drugs and proper treatment to combat venereal disease problems, it is believed that the Prevention and Control Centers will soon yield their task to local health departments.

"Florida has seen a tremendous change in venereal disease control in the past few years," the report continues. "The first federal assistance was received in 1936. The Division of Venereal Disease Control was established in 1938. . . . Briefly, in these 15 years of venereal disease control, it can be seen that the early methods of control were unsatisfactory, due to long treatment with the then-available drugs."

Development of antibiotics has created a "one-shot" treatment for gonorrhea and a treatment of one or more injections over a period of a few days for syphilis.

While syphilis cases were showing a gratifying decline, gonorrhea and minor venereal diseases were showing a lesser improvement rate. The importance of case-interviewing, contact follow-up and adequate treatment was stressed as a means of continuing the fight against venereal diseases.

Contributions which the federal government has made through the U. S. Public Health Service is acknowledged. Says the report: "The venereal disease control program has achieved a great success during the past few years, mainly due to improved medical treatment, case-finding and wider public interest in the problem. Much of this success has been possible because of federal assistance in technical aid and funds."

Rabies in Bats Pose New Problem For Control of Disease in Florida

Big news in veterinary public health during 1953 was the surprising discovery of rabies among bats which make their home in Florida. An intensive search for the source of infection led to the belief that Florida bats on "tourist jaunts" to Mexico were picking up the disease from vampire bats known to inhabit that country.

Discovery of rabies in bats came by accident when a boy was bitten by a bat in the Tampa area. The father killed the bat and brought it to the county health department, where laboratory examination indicated the presence of rabies. The boy received treatment which saved his life.

Previously the State Board of Health public health veterinarian, who works under the direction of the Bureau of Preventable Diseases, had warned that the incidence of rabies in wildlife was mounting and called for increased vigilance and prompt treatment to protect people and animals against this usually-fatal disease.

The veterinarian recommended continuance of vaccination and stray dog control programs and advised residents of rural areas to have animals and pets protected against bites from rabid wild animals.

Not so startling but of much importance to Florida's three million residents were advances made in the handling of milk to safeguard its quality and purity, and of improvements of control of diseases in animals transmissible to man. Dairy herds were checked for evidence of bovine tuberculosis and undulant fever.

Anthrax, which proved a problem in 1952, appeared safely under control in 1953. Equine encephalomyelitis was still attacking horses, offering a threat to people, but the spread from animal to man appeared effectively blocked.

Psittacosis in the expanding bird industry (parakeets or "lovebirds" are among the pets affected by this disease), was creating considerable concern as the year ended. Several cases of this disease have been diagnosed in people in other states and birds originating in Florida have been blamed as the suspected source of infection. The bird industry has shown much interest in better control measures and have suggested licensing of aviaries and the use of bands as a permanent means of identification to trace infected birds.

The public health veterinarian, the Bureau of Laboratories and a trainee (the latter employed through funds made available from a commercial borax company), continued the study of larva migrans or "creeping eruption." The studies have been concerned with the effectiveness of larvicides, their adaption to use around homes, the efficiency of various chemicals as larvicides and their effects on vegetation.

EAST VOLUSIA EXPERIMENT WATCHED

Dade Plans To Buy Equipment For All-Out War On Mosquitoes

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Sewage Disposal One Outstanding Problem Here

Beach Water Improvement Action Urged

Rapid Prog In Florida Its Ven

In Our Opinion:

Caring for the Old and Ill

The disastrous nursing home fire at Largo earlier this year has had some good results. It has brought the problems of nursing homes before the public and has caused the legislature to enact laws for their regulation.

The Florida Board of Health, which will have charge of carrying out the measures passed, has announced recently that it will use education and example as its tools in winning compliance with the new regulations, which are designed to insure the health, welfare and safety of residents of nursing homes.

Fire protection, sanitation and humane treatment will be the three fundamental points emphasized.

That's as it should be, for these are the three points with which the public is most concerned. To get these points across, the board will hold a series of meetings in or near cities where nursing homes are established, to explain the new rules.

People who are old and ill are still men and women who should be housed and treated with special consideration. Most operators of nursing homes appreciate this fact, and are indeed filled with compassion, or they would not remain in such a difficult business. These folks will try to comply with the rules, if they are not already doing so. Inspection and regulation will be more necessary for those who are harder of heart.

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Health Department Sponsors Plumber Meeting Next Week

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Child Bitten By Rabid Cat Bites Cousin

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Court Is Told Potent Drugs Part of Loot

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No Complaints Yet, But

Key Biscayne Faces Problem of Rodents

HOW YOUR DEPART ME

Be Sure ator Is By State

Seminole Neighbor Will Open A Vital Health Plan Tomorrow

eing Made tting Down isease Deaths

Polio Season Comes Later In Florida

Free TB X-Rays Coming

We Can't Afford Not To

The people of Hollywood—to be specific the freehold-ers—have an important decision to make Tuesday. This decision, on sanitary sewers, will have a vital effect on Hollywood's future. If a sanitary sewer system is not installed the city's growth will come to a halt. In fact, growth will not only halt, but the city will start to go backwards as the sanitation situation becomes worse and worse.

No one has yet disproved, or even denied, that the Hollywood sanitary situation is critical. No one has yet denied that there is a great danger, both from a possible epidemic and from closing of beach areas because of sanitation. No one has yet denied that it is very possible that bathing may be prohibited on Hollywood's ocean front within a few years, if a sewer system is not installed.

The only arguments have been with cost. Some point out that their home town installed a sewer system at a lower cost before World War II. We all bought, for about $1,000 then, automobiles, with comparative models now selling in excess of $2,000. The only objection to a sewer system seems to be an idea on the part of some that we can't afford it. As a matter of fact, we can't afford not to have a sewer system.

If you don't think that is true, ask yourself how long business firms in the city could continue in operation, providing a living for owners and employes, if the municipal beaches were closed to bathers, with signs posted warning of poilution in the ocean.

If a sewer system is not installed, many apartments and hotels may be forced to close because of inadequate disposal facilities for sanitary waste. It can't happen here? We had our first warning of it last winter, when a serious condition developed in the beach area and some apartments were forced to close until expensive sand filters had been installed. Closed apartments and hotels cannot pay taxes to support the schools attended by your children, the municipal services needed by your home. We can't afford not to install sewers.

Warned Epidemic

State Board Moves on Safety In Nursing Homes

Polio orted Office

Health Board Has Funds to Erect Center

Health Unit Ask Cooperation In Fly Control Wor

eport l Exams

Health Groups

NTY HEALTH FFECTS YOU

Last Of Local Negro Midwives Has Retired

Florida Population Goes Past Three Million Mark

With the highest birth rate on record noted for 1953, coupled with the many thousands of people moving in from elsewhere, Florida's estimated population reached 3,111,100 at the mid-point of 1953, the State Board of Health Bureau of Vital Statistics reported.

There were 80,112 resident births during 1953 and the rate was 25.8 per thousand population, an all-time high both for rate and numbers. By contrast, there were 30,603 deaths, to set a rate of 9.8 per thousand population.

In tune with the times was the chime of wedding bells. Bureau records show there were 27,278 marriages in Florida during 1953; 354 more than for 1952. Fifty-two per cent of the marriages were first weddings for both parties.

On the other side of the coin, there were 20,173 divorces and annulments granted, a decrease of 93 from the previous year. (How many of these divorces were granted persons who came here for short periods of residence to take advantage of Florida divorce laws could not be determined.)

Through its records of births, deaths, marriages and divorces, the bureau compiles an authoritative statistical story of life and death in Florida. In addition, it keeps track of all causes of death, and thus is able to tell private physicians and public health doctors how they stand in the battle to preserve life against death.

Major needs of the bureau as the year ended were more vault space to safeguard valuable records and more employes to handle the increasing volume of work as the records mount and the population served continues to grow.

Although the number of employes has remained stationary since August 1951, the volume of work has increased 14 per cent since that date. Particularly active are the months of August and September, caused by a flood of requests for birth certificates on children entering school for the first tme.

The 1953 State Legislature enacted a law requiring the courts to send a record of each legal change of name to the bureau, adding a new task to the already overburdened agency. A total of 407 of these reports were received during the last half of 1953, in keeping with the new law.

One of the major new projects started by the bureau during the past year was the machine tabulation of data from the mass X-ray surveys and the large film clinic and consultation X-rays made by the Bureau of Tuberculosis Control. This data, previously hand-tabulated, will contain data not practical to obtain by hand methods.

As the year ended, plans were being made to establish a reporting service on animal diseases in cooperation with veterinarians. This service will not only be of importance to physicians and public health workers interested in diseases of animals transmissible to man, but also will serve to notify farmers and stock raisers on prevalence of diseases of economic significance.

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Laboratories Keeping Careful Eye On Diseases Threatening People

The biggest problem facing the State Board of Health Bureau of Laboratories — adequate space in which to work — appeared nearing a solution as the year 1953 ended.

For rising on the grounds of the State Board of Health in Jacksonville was a new, three-story structure designed especially to house laboratory facilities. Meanwhile an arrangement for joint operation of a laboratory by the State Board of Health and the State Tuberculosis Board at the new hospital at Lantana had worked out so satisfactorily that plans were being considered for a similar merger of laboratory operations at the State Tuberculosis Hospital at Tallahassee. Plans also were under way to provide more suitable building for the Miami Branch Laboratory, which has outgrown its quarters in Dade County courthouse.

Although plagued by space limitations and personnel shortages, the combined laboratories performed 2,316,642 examinations during 1953, on a total of 1,060,153 specimens submitted. The number of examinations declined slightly from the 2,448,916 performed in 1952, as did the number of specimens, which had reached 1,088,576 during 1952.

Laboratory examinations include studies of blood samples for various purposes, diagnostic and sanitary bacteriology, parasitology, mycology, chemistry, veterinary public health and special research projects. Most of the latter are financed wholly or in part by outside agencies with a special interest in the project, but knowledge thus gained is put to work in the state's own public health and medical program.

An important function of the laboratory which has continued since its founding more than a half-century ago has been the diagnostic bacteriology service, offered to physicians in an effort to determine more definitely the exact cause of disease.

During recent years there has been during each 12-month period an increase in the volume of diagnostic work performed by the Bureau of Laboratories. During 1953, however, by contrast, there was a moderate decrease. This was credited in part to the fact that certain tests performed routinely were dropped during the latter half of 1953.

The chemistry laboratory continued its cooperative services with other bureaus and divisions requiring chemical analysis as part of their work. Bacteriology laboratory tests helped to confirm —or deny—the presence of tuberculosis for many persons who had taken part in the mass X-ray survey program conducted by the Bureau of Tuberculosis.

In the laboratory's Division of Sanitary Bacteriology, a careful eye was kept on such things as milk, water — both swimming and drinking — shellfish, utensils used in restaurants and other public eating places, and pollution surveys. Studies of milk and water alone accounted for more than 200,000 of the laboratories' more than two million examinations.

Water, Sewage Woes Imperil Growing State

Florida's cities and towns continued to pour millions of dollars into water and sewage projects during 1953, but the state's steady population growth keeps the demand for such services always beyond the adequate supply point, the State Board of Health Bureau of Sanitary Engineering reports.

Municipalities and subdivisions prepared to invest $19,749,278 in water supply projects during 1953, a 41 per cent increase over similar figures for 1952. The 153 projects approved by the bureau included new water purification and pumping plants, additions and alterations to existing plants and extensions to existing systems.

The projects ranged in value from a $2,400,000 expenditure at Miami for wells, supply and distributing mains, to $450 for a water main extension to a subdivision at Clearwater. Other major projects were approved at Fort Lauderdale, where a total of $1,353,900 was earmarked for five projects; a million-dollar water project in Pinellas County, and a $700,000 expenditure at Winter Haven.

In the field of domestic sewage disposal, 23 new projects to serve 177,711 people at an estimated cost of $3,458,149 were approved. In addition, 23 plants previously approved, including a huge $27,000,000 project at Miami and a sewage treatment plant at St. Petersburg, were under construction or completed as 1953 ended.

The residential building boom continued, with emphasis on creation and expansion of subdivisions. Because of unsatisfactory soil conditions, many of the proposed subdivision sites were found unsuited for use of individual septic tanks, and public sewerage systems were obtained or planned for 24 subdivisions. All were connected to existing sewerage systems or were served by separate sewage treatment plants.

The bureau also noted personnel shortages in the face of a growing volume of work and warned that "unless supervisory personnel can be increased materially, the supervision of plant operation, which is already below the minimum desirable level, will continue to deteriorate."

In the field of industrial waste disposal two projects were abandoned during 1953 due to lack of funds. One was the industrial wastes and sewerage pollution study of the Peace and Alafia Rivers. The other, a citrus waste research project to determine a satisfactory disposal method for citrus cannery waste products, came to an end after two and a half years of study had indicated a satisfactory solution was in sight.

How effectively a sewage treatment plant can put an end to polluted waters was dramatically demonstrated by bacteriological surveys made on the Manatee River in the vicinity of Bradenton and Palmetto, and on Sarasota Bay, in the vicinity of Sarasota. The Manatee River, which receives quantities of untreated sewage, was found "grossly polluted," while the second study showed that the placing in operation of a modern sewage treatment plant had almost completely eliminated pollution from the bay.

Florida Provides Cash for Fight To Rid State of Pest Mosquitoes

The year 1953 will always be remembered by the Florida State Board of Health Bureau of Entomology as the year the State really made up its mind to do something about pest mosquitoes.

For it was that year that the Florida Legislature provided the legal means and the money for a program of permanent eliminative mosquito control measures designed to "hit them where they live and breed."

The State Legislature reached that decision after the Bureau pointed out that spraying, which only a few years before had been considered the answer to insect control, not only had proved a failure but was reaching a danger point.

Under the new law providing for permanent eliminative measures, such as sanitary land-fill, ditching and draining of mosquito breeding areas, etc., state funds will be allocated on a "self-help" basis, with mosquito control districts and county control projects putting up one dollar for every 75 cents received in state aid.

A total of $1,250,000 was set up in the matching fund for each year of a two-year period. In addition, $250,000 annually for a two-year period was granted the State Board of Health to administer the law, provide technical assistance, and to build and operate a mosquito control field research center. In addition to setting up the permanent eliminative control project, the State Legislature also continued a $350,000 annual grant for temporary control measures on a matching basis.

But while the bureau was putting emphasis on its job of controlling mosquitoes and other "arthropods of public health importance," it was also pushing its activities in related fields. It continued to work for complete compliance with the State's structural pest control law, and kept a watchful eye on malaria and typhus fever, both insect-borne diseases.

A total of 19 cases of malaria were reported during 1953, a marked reduction from the previous year. Of the 19 cases, 18 originated outside the state, with the 19th case of doubtful origin.

Typhus fever cases totaled 10, a marked reduction from previous years, but two deaths resulted from this cause.

In the structural pest control field, the bureau stated that violations most frequently noted were lack of certificate numbers on vehicles used in pest control work and persons soliciting work without proper identification cards.

Complaints alleging faulty work totaled 49 during 1953, a slight increase over the 35 such complaints the year before. A majority of the complaints were based upon charges that pest control operators failed to live up to written contracts, which are required under the state's pest control laws.

One operator was brought to trial and found guilty. Bureau agents were seeking five others as the year ended. The great majority of operators, the bureau noted, are working in full cooperation with the bureau in the enforcement of laws and regulations affecting the pest control activities.

X-ray Camera Eye Aids TB and Heart Victims

The tuberculosis case-finding program operated by the Florida State Board of Health in cooperation with the Florida Tuberculosis and Health Association not only is doing an excellent job in its own field, but is playing an increasingly important role in helping to conquer two other diseases that have plagued mankind.

They are heart disease and cancer. Doctors today who examine X-ray films for the original objective of tuberculosis infection also are keeping an eye out for evidence of heart disorders and cancerous growths which occasionally are revealed on the ghostly negatives.

But the Bureau of Tuberculosis Control still considers the search for TB its major task. It is one side of a triangle which includes the Florida Tuberculosis and Health Association, with its educational and service program, and the State Tuberculosis Board, which operates treatment hospitals, as the other two sides.

Despite the fact that a reduction in Federal funds for tuberculosis control work forced the retirement of one of the state health agency's four mobile X-ray trailers in midyear 1953, the number of small X-ray films taken during the year reached 382,304, approximately the same as for the previous year. A total of 4,448 cases of definite and suspicious tuberculosis were revealed, as compared with 3,611 such findings during 1952.

In addition, 1,560 cases of actual or suspected heart disease were revealed in 1953, against 1,087 cases noted the year before. Suspected tumor cases jumped from 150 in 1952 to 170 in 1953, while cases of other suspected disease conditions moved up from 1,137 to 2,704 of the persons sharing in the X-ray case finding program.

The bureau's annual report states that "these figures certainly indicate that for the time being, and perhaps for many more years to come, X-ray surveys of Florida's general population are definitely desirable."

Meanwhile the State Board of Health Division of Heart Disease Control noted that "1953 was noteworthy in the greater cooperation between the Florida Heart Association and its chapters with the State Board of Health in the interest of cardiovascular disease control."

In outlining its programs and progress during the year, the division pointed to the fact that diseases of the cardiovascular (heart and blood vessels), including vascular lesions of the central nervous system, caused 14,877 deaths during 1953, which put heart and related diseases at the top of the list where fatalities were concerned.

The findings of X-ray examinations of students at the Florida State School for the Deaf and Blind in St. Augustine were of particular interest because of the unusually high prevalence of abnormal hearts. It was found that a number of these children could benefit from surgical operations. As the year ended, two already had undergone successful operations.

State Works Successfully to Cut Birth Hazards for Mother, Child

The critical task of bringing a new life into the world — the major hazard of womankind since the race began — is being made easier and safer in Florida, the State Board of Health Bureau of Maternal and Child Health noted in its annual report for 1953.

For every 10,000 live births, only eight mothers failed to come through the ordeal. Only 65 mothers died in childbirth as the state added 80,112 brand-new arrivals to Florida's growing population. That, incidentally, set a new all-time high, not only for number of births, but for the birth rate of 25.8 per thousand population.

Not quite so good is the story on efforts to keep the newborn alive and healthy, but even in that field the progress is encouraging. After increasing during 1951 and 1952, the infant mortality rate resumed its downward trend in 1953, moving from 34.1 deaths per thousand live births in 1952 to 31 per thousand in 1953.

A number of things are contributing to the successful campaign to save the lives of more mothers and babies. Through modern medical knowledge, doctors today know more about easing the strain of childbirth. Hospitals, too, are learning more about the methods for safeguarding and preserving the tiny spark of beginning life and for helping the mother rally from the ordeal of her labors. Public health and welfare agencies also are playing increasingly significant roles in reducing the hazards of childbirth.

While the bureau's principal interest is the preservation of life, it nonetheless has a continuing interest in the physical and mental welfare of the family group as the key unit in the population. One of its principal functions is the administration of Florida's official mental health program through its division of Mental Health.

This division is concerned primarily with prevention of mental illness. To accomplish its aims, it works with other groups in the mental health field, and takes a key interest in the operation of mental health centers or child guidance clinics which are beginning to dot the state in increasing numbers. It adds financial support to local contributions in order to help finance these projects.

These clinical services, almost all of them heavily burdened, are located in Miami, Jacksonville, Tampa, Tallahassee, Orlando, St. Petersburg, Bartow, Daytona Beach and Gainesville.

The clinics are concerned not only in reaching the child with behavior problems or other evidences of mental insecurity, but in working with parents and teachers in search of the conditions or associations which might be responsible for the child's "bent-twig" attitude toward life. The clinics are convinced that by treating mental illness in its early stages that many can be spared more expensive institutional care later in life.

Proper Nutrition Termed Essential For Good Health

Nutrition has been called "the single most important environmental factor affecting America's health." If this be the case, how did the work of the State Board of Health Division of Nutrition and Diabetes Control fare during 1953? Here's the box score:

1. A diabetes case-finding program launched in 1949 to find the "unknown—and unknowing" victim of this glandular disorder, was discontinued at year's end due to lack of funds. Diabetes control operates with the nutrition division, since proper diet is essential in extending the diabetic's useful life span. The division, however, continued to distribute insulin to diabetics unable to pay for it.

2. A hookworm case-finding survey, which also operated under the general supervision of this division's director, was suspended. Despite the fact that the survey revealed that little progress has been made in conquering this public health problem during the past 50 years, the program was dropped because of fund shortages.

3. The director of this division resigned during the latter part of the year, and control of the division was placed in the state health agency's Bureau of Preventable Diseases.

"It is obvious from the surveys and problems that have been found," the division's annual report stated, "that the division needs additional personnel to function properly." The principal activities have consisted of surveys in the field of diabetes, food habits, and hookworm in relation to anemia; consultation with health department personnel, schools, nursing homes and other agencies and institutions having an interest in nutrition problems.

On the bright side of the picture was noted an increase in the calls for services as the significance of nutrition in relation to health began to be more widely appreciated.

For food is the material which nature uses to sustain life and to rebuild tissues which are constantly "wearing out" under pressure of normal human activity. Because diet affects all people in so many ways—shortening or lengthening the human life span—the division considers the establishment of good eating habits important from a public health standpoint.

The division's nutritionists work with nurses and sanitarians in a joint program, along with teachers, lunchroom supervisors, school officials and others, not only to improve the nutritive value of meals, but to help establish good sanitation practices in the handling of food. For nutritionists realize that improper food preparation as well as poor sanitation makes for poor—and even dangerous—food service.

One of the division's major objectives during 1953 was the development of "nutrition education" programs in junior and senior high schools. To help get across the story of the relationship between good diet habits and personal appearance, the division encourages the formation of "weight control" clubs among students needing more information on the subject.

The State Board of Health

1217 Pearl Street or P. O. Box 210

JACKSONVILLE, FLORIDA

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All counties in Florida have organized county health departments except St. Johns County

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To Florida's newspapers, radio stations and television studios which over the years have helped us to tell the "Good Health Story" designed to save lives and reduce crippling and disabling illnesses among the Sunshine State's residents and visitors, this issue of FLORIDA HEALTH NOTES is gratefully and respectfully dedicated.

Florida HEALTH NOTES

Sept. 1954

SUBDIVISION SEWERAGE

Vol. 46 No. 7

To Florida's newspapers, radio stations and television studios which over the years have helped us to tell the "Good Health Story" designed to save lives and reduce crippling and disabling illnesses among the Sunshine State's residents and visitors, this issue of FLORIDA HEALTH NOTES is gratefully and respectfully dedicated.

SUBDIVISION SEWERAGE

The county health officer was busy with his morning mail when the telephone rang. He picked up the receiver...."Adams County Health Department," he said, "Dr. Wisk speaking."

"Are you the County Health Officer?" a woman's voice demanded at the other end.

"That's right," replied Dr. Wisk.

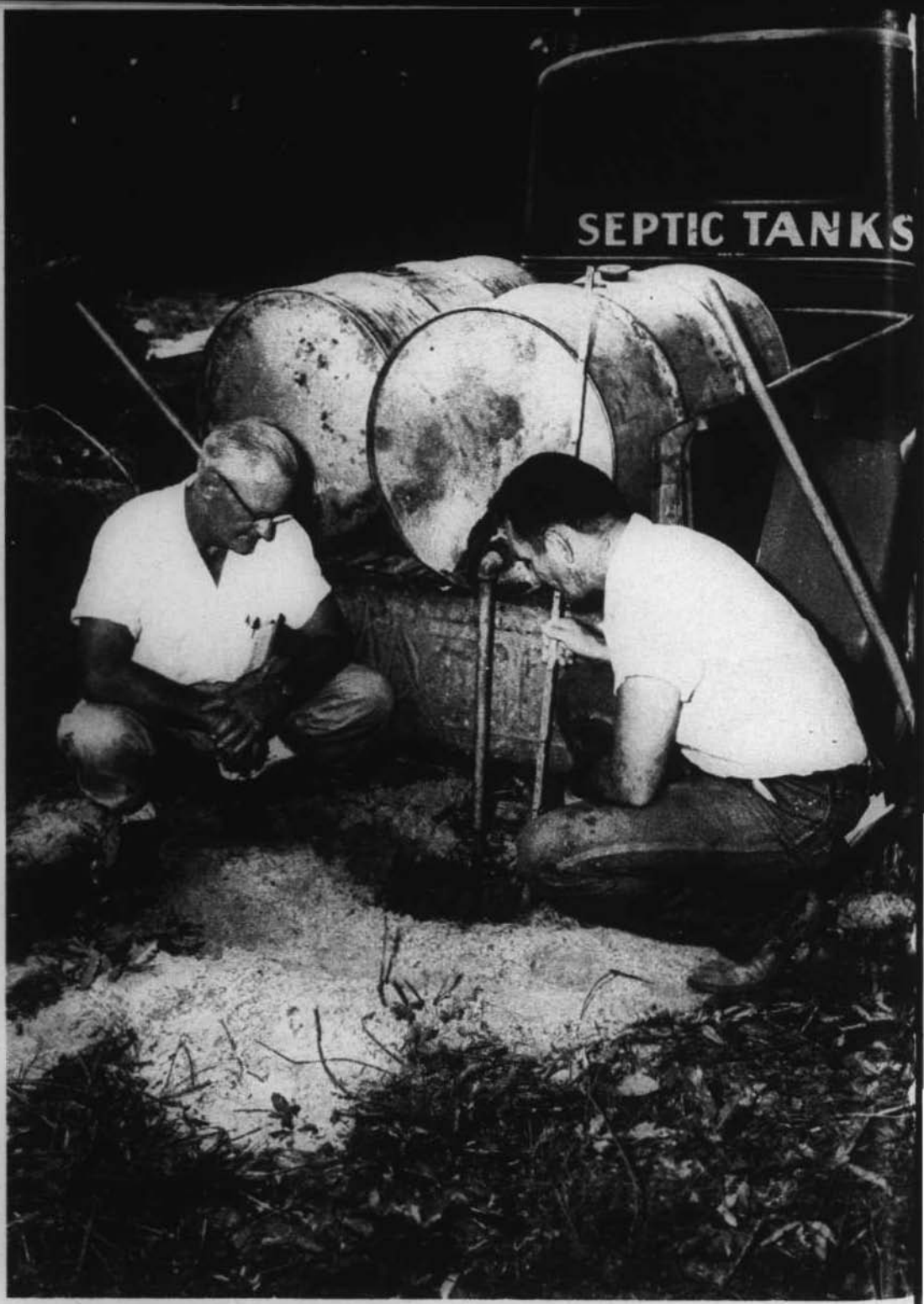
"Well, then, I want you to do something about the terrible situation out here in the subdivision where I live. The septic tanks are overflowing all over the place and I have two little children whom I can't let play outside; and this morning when I flushed the toilet, it ran all over the floor. I want you to do something right away!...."

Dr. Wisk interrupted, "Just a minute, please. Where do you live and what is your name?"

"My name is Mrs. A. B. Smith-Jones and I live at 1263 Lakeside Drive.....my husband travels and I am just so upset I don't know what to do.....you just ought to see my bathroom, and the septic tank bubbles in the back yard all the time."

Dr. Wisk said, "I'm sorry, but this is the first report that I have had about any trouble in Lakeside Subdivision. I'll be glad to have one of our sanitarians come out to see about it. He'll be out sometime this morning?"

This issue of HEALTH NOTES portrays persons and situations that are fictional and any similarity to actual persons living or dead is purely coincidental. However, the chain of events described has occurred in many parts of Florida. It is not intended to imply that these events are typical of Florida subdivisions, but they have occurred far too often to be ignored or tolerated.



First you dig a hole, saturate it with water to simulate wet-weather conditions and determine the time it takes for an inch of water to fall . . . that is a "percolation test" used to determine if a septic tank can be expected to work properly.

"Do get somebody to come out as soon as you can.....it's terrible.....the builder ought to be ashamed of himself.....you just never saw such a mess." Mrs. Smith-Jones burst into tears and hung up the telephone.

★ ★ ★

THE HEALTH OFFICER, DR. L. L. WISK, STATES: "One of our sanitarians went out and looked at the situation at Lakeside that Mrs. Smith-Jones had called me about. As a result of hard rains during the past month, the water table (ground water level) throughout the subdivision had risen dangerously near the surface of the ground. In areas where septic tank drainfields were located, the soil was completely saturated with water. In some cases, sewage had risen from the subsurface tile drainfield and seeped through the ground surface. In other cases where the houses are constructed with floor slabs on the ground and are only one foot above the finished grade level, the waste water was backing up into the house plumbing fixtures to such an extent that the toilet bowls and bathtubs were overflowing every time the toilet was flushed.

"Percolation tests (rate of flow of water through the ground) were taken at Lakeside Subdivision before these houses were constructed. The ground water table, as well as the subsoil characteristics, was also investigated. The test showed that this ground was supposedly able to handle wastes through septic tanks, but request for the tests was made during a dry spell. Furthermore, the builder sold small lots so that there are many septic tanks in a comparatively small area. He was warned of possible trouble in the event of heavy rains unless adequate plans for sanitary sewerage and storm drainage were prepared and installed but he chose to ignore our advice. This subdivision was constructed with private capital, and there is no direct statute in Florida dealing with the installation of septic tanks. There was no direct supervision from the County Health Department over the construction and installation of the septic tanks for these homes.

"I have asked the Bureau of Sanitary Engineering of the State Board of Health to send out a consultant (regional sanitary engineer) to see what suggestions he can make to alleviate Mrs. Smith-Jones' trouble, as well as that of other property owners in Lakeside who are similarly distressed.

"I am greatly concerned about the possiblity of disease spreading among the Lakeside residents. As we all know, these septic tanks receive the contents of the toilets as well as all other wastes. If

anyone has been ill with—or is a carrier of—amoebic dysentery, typhoid fever, bacillary dysentery, or any of the number of other intestinal diseases, it would be easy to transmit them. These septic tank wastes, coming up through the ground, may be played in by children, or fed on by flies, and the children may become ill or spread the diseases—as do the flies. It's just as bad as an old open-back pit privy. Also, what about these wastes getting into those individual wells? Another good way to start an epidemic!"

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REPORT OF THE REGIONAL SANITARY ENGINEER, S. S. GANWILL, TO THE BUREAU OF SANITARY ENGINEERING, FLORIDA STATE BOARD OF HEALTH, COPY TO ADAMS COUNTY HEALTH DEPARTMENT.

An engineering investigation was made of the premises of Mrs. Smith-Jones in the Lakeside Heights Subdivision at Anytown, Florida. This investigation was extended to take in the whole subdivision. It was found that the condition described by Dr. Wisk in his letter of April 9 still prevails and while this condition will be improved to some extent in dry weather, it will probably recur during the next period of prolonged rainfall.

Lakeside Subdivision contains about 300 houses. The land is quite flat with a surface elevation of 15 feet above sea level. The developer has provided for surface drainage by placing street gutters approximately 3 feet below the crown of the road. However, there is no drainage or drainage easements along the back property lines between adjoining lots. The average lot has a frontage along the street of 75 feet and a depth of about 150 feet. Water is supplied by the developer by means of a flowing well connected directly to a 2-inch distribution pipe. The only pressure is natural pressure from the well which is woefully inadequate during times of heavy usage. The water is very hard, high in hydrogen sulfide and is corrosive. Many home owners have installed their own individual water supply wells. In the majority of cases, the well is located less than 50 feet away from the septic tank and drain field. An investigation of the soil discloses that it is quite sandy to a depth of about 3½ feet. At this point, a heavy layer of consolidated organic soil commonly called "hardpan" was encountered which was about 6 to 8 inches thick.

Under the hardpan a very fine white sand was encountered.

Water oozed into the hole very slowly above the hardpan but flowed readily in the fine sand layer after the hardpan was penetrated. The water table stood at about 24 inches below the surface indicating a slight drop since the previous test on October 16.

Since this subdivision was developed and financed by private capital without the request for insurance by either the Veterans Administration or the Federal Housing Administration, the State Board of Health was not consulted about the type of sewage disposal to be employed. However, the Adams County Health Department made an investigation of the area in March 1951, prior to issuing septic tank permits, and found the soil to be essentially as described, except that at that time the water table was below the "hardpan" (approximately 48 inches) and percolation tests showed that water would drop in a one-foot square hole 18 inches deep at a rate of less than two minutes per inch. You will recall that up to that time we were placing much more dependence on percolation times than we are now. The Adams County Health Department did, however, recommend to the developer that a sewerage system be installed, but since he was apparently unable to finance such a system, and since the community was in serious need of additional housing, the County Health Department reluctantly issued the septic tank permits.

Immediately across the street from Lakeside Subdivision is Palm Grove Estates. This subdivision of 325 houses is still being developed. At the request of the Federal Housing Administration, an analysis of soil conditions was made on Palm Grove Estates in December 1951. Soil conditions were quite similar to those found in Lakeside Subdivision the previous March. However, both the Adams County Health Department and our office recommended the installation of a sewerage system with an adequate sewage treatment plant and a water system with adequate corrosion and hydrogen sulfide control, together with an elevated tank to provide sufficient pressure at all times. The Federal Housing Administration supported our requests and consequently these facilities were installed before the houses could be sold. The developer of Palm Grove Estates is well pleased with his systems, and there have been no complaints of unsanitary conditions from any resident. Residents are charged $2.50 per month for the first 9,000 gallons of water, with an additional $2.50 per month as a sewer service charge.

Based on the soil conditions and topography of Lakeside, it is my opinion that the only recourse open to the residents would be the installation of a sanitary sewerage system. The installation

of a shallow ditch through the middle of each block might be beneficial, but during periods of heavy rainfall the ground will become saturated regardless of surface drainage, and failure of the tile drain fields will occur. The installation of a modern sewerage system will assure that *all* of the wastes can be properly and adequately disposed of throughout the year regardless of weather conditions. Coupled with the needs of a sewerage system are those for a more adequate water supply. Residents will not be able to enjoy their new homes to the fullest until a plentiful supply of pure palatable water at sufficient pressure to operate all plumbing fixtures is available.

To install an independent sewerage system to serve Lakeside will be difficult due to the fact that the entire subdivision is already developed and no area suitable for the installation of treatment works is available. Mention has been made, however, of the sewerage system serving Palm Grove Subdivision. It is quite possible to enlarge the treatment plant at Palm Grove and by means of a sewage pumping station to discharge the sewage collected from Lakeside into the Palm Grove treatment plant. It is my recommendation, therefore, that the citizens of Lakeside contact the developer of Palm Grove Estates to explore the possibility of such an installation.

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A well-designed, well-operated subdivision sewage treatment plant will not be offensive to home owners living nearby.

FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE, FLORIDA

April 20, 1954

Mrs. A. B. Smith-Jones
1263 Lakeside Drive
Anytown, Florida

Dear Mrs. Smith-Jones:

We are herewith enclosing our report on the investigation of your complaint of July 9 concerning the unsanitary condition prevailing in Lakeside Subdivision as a result of improper sewage disposal. You will note that our investigator has recommended the installation of a sewerage system. Since you are close enough to Palm Grove Estates, we feel it may be feasible for Lakeside to install a sewerage system discharging to the Palm Grove Estate sewage treatment plant.

We, therefore, recommend that you and your neighbors approach the developer of Palm Grove Estates to explore that possibility. We are sure that Dr. Wisk, Director of the Adams County Health Department, will help you in any way he can.

Very truly yours,
John Doe, Director
Bureau of Sanitary Engineering

cc: Adams County Health Dept.
S. H. McGregor, Developer, Palm Grove Estates
H. T. Green, Developer, Lakeside Subdivision
Federal Housing Administration
Veterans Administration

S. H. McGregor, Developer of Palm Grove Estates, states: "I thought that this might happen when I saw how Lakeside Subdivision was being developed. I had my sewage disposal plant designed so that it could serve more than just the people in Palm Grove Estates. Furthermore, I also have sufficient capacity to serve Lakeside with an adequate water system. However, it cost me between $400 and $600 per lot to provide for water and sewage facilities for Palm Grove, and the installation was possible only because of the enhanced value of the lots by the Federal insuring agencies. That sum, together with the $125.00 that I would otherwise have had to invest in a septic tank for each lot, helped finance

the project. I expect eventually to be reimbursed for the rest of the cost out of the revenue from water charges and sewer service charges. It is obvious, therefore, that the residents of Lakeside will have to pay $300.00 to $400.00 per house if I am to serve them with water and sewerage facilities. This is in addition to the monthly minimum charge of $5.00 per connection.

"Incidentally, I had no trouble selling my lots even during rainy weather!"

Statement from Mrs. Smith-Jones: "Heaven knows I agree that the sewerage system is urgently needed. Nobody knows this better than I do; however, we purchased our home to live in and we paid a fair price for it. Now we can't enjoy it because our septic tank won't work properly. All our neighbors think that the developer of Lakeside is morally responsible and ought to bear the cost of the installation of a good sewerage system and better water supply for the whole subdivision. After all, he is the one who profited from the deal."

Statement from H. T. Green, Developer of Lakeside: "Well, I certainly would be glad to see a good sewerage system installed. I have voluntarily and at my own expense reworked quite a number of septic tank installations that failed elsewhere, and I would welcome a permanent solution to this problem that occurs so often in Florida.

"But I can't agree with Mrs. Smith-Jones that I am morally or otherwise responsible for the existing bad sanitary conditions. I obtained a permit to install septic tanks and drain fields prior to each installation in Lakeside. The purchase price of each house gave me only a small profit. If I had to put in a sewerage system now, I would have to take the money out of my own pocket. And to be frank, I don't have it. I realize that a sewerage system would always be best in a subdivision, but I am a very small developer and could not finance a $100,000.00 investment before I began to sell houses. That's right, that's what a sewerage system and water plant would cost me. Septic tanks can be purchased one at a time but the sewerage system and water plant has to be built before the houses are sold. It's very difficult to borrow money for such construction because you have no positive assurance that the houses will sell.

"It seems to me that the County Commissioners could do something about all this. Why can't they bear this expense? Or if that isn't possible, why can't Anytown extend its city limits? Then city water and sewers could be extended to serve Lakeside, too.

"I will be very glad to do anything I can, but I have no money to put into a sewage disposal system."

I. B. Law, County Attorney, states: "A group of citizens from Lakeside showed up at a Board of County Commissioners meeting the other morning. They requested that the county assume the responsibility for establishing sanitary facilities in Lakeside Subdivision. We had to inform them that we did not have any legislative authority for expenditures for such purposes. It would be necessary to seek a special act of the legislature either setting up a sanitary district for that purpose or authorizing the Board of County Commissioners to embark on such a program. In either event, the property owners within the affected area would have to bear the entire expense since tax monies must be expended in the area paying the taxes. In any event, it would require at least a year before planning could begin."

A. C. Reeder, City Attorney, states: "A group of citizens from Lakeside Subdivision appeared before the City Council last night and urgently requested that the city limits of Anytown be extended to encompass that area. The difficulties of such an act are many. First, due to the Homestead Exemption Act which is in force, there is no monetary advantage to the city in such an annexation. The assessed valuation of all the houses are within the exemption and therefore it would merely add to expenses already too heavy with no corresponding additional income. Second, the consent of the majority of the residents for such an annexation would be necessary. Since many of them probably moved out of the city to escape from city control, it is doubtful they would voluntarily have the city annex them. Third, such an annexation would require a special act of the legislature which is over a year away.

"There is no doubt that these people have a real problem, but apparently there is little that we in Anytown can do to help them."

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Telegram from Anytown
May 6

Bureau of Sanitary Engineering
Florida State Board of Health
Jacksonville, Florida
Please have engineer attend meeting citizens Lakeside Subdivision regarding sewerage system September 1 at 8:00 P. M. at Lakeside School. County Health Officer will be present.

Mrs. A. B. Smith-Jones

News Story which appeared in the Anytown News-Chronicle, May 6, 1954 — A solution to the septic tank troubles of Lakeside Subdivision near Anytown appeared in the offing here today as a citizens' committee representing Lakeside residents agreed to negotiate with the Palm Grove Subdivision for joint use of a sewage disposal plant.

Mrs. A. B. Smith-Jones, President of the Citizens Improvement Association of Lakeside, which met last night at Lakeside School, told Dr. L. L. Wisk, Director of the Adams County Health Department and S. S. Ganwill, regional sanitary engineer for the State Board of Health, that the committee had agreed to discuss the matter with the Palm Grove Sanitary Company, operators of the sewage treatment plant.

"We have investigated the cost of erecting our own sewage treatment plant, and believe a connection with the already-existing plant will work out more to our advantage," she said.

A surprise visitor at the meeting was S. H. McGregor, developer of Palm Grove Estates and operator of the Palm Grove Sanitary Company, who agreed to work with the Lakeside committee on the proposal.

"My plant is built in such fashion that I can readily add another unit to take care of the needs of Lakeside residents," he told the group.

"I will, of course, expect the Lakeside committee to meet its share of the cost of any necessary expansion of plant and other costs and expenses. My plant is on a good financial basis and I don't believe we will have any trouble raising additional money for the project, provided the Lakeside people are properly organized and are ready to live up to their side of the bargain."

Sanitary Engineer Ganwill praised committee members and McGregor for their "willingness to work together in solving this problem of safe sanitary sewage disposal" for the Lakeside Subdivision.

"We will do everything that we can to help you," Ganwill added, then said:

"Florida, with more than three million population today, is one of the fastest-growing states in the nation. We are happy to note that Lakeside, like other forward-looking subdivisions in this state, is preparing now for a healthy, prosperous future where good sewage disposal is concerned."

These irate mothers in a subdivision chose this means of advertising their troubles with septic tanks, and getting the developer to do something about the matter. (Photo courtesy St. Petersburg Independent).

Telegram From Anytown

Florida State Board of Health
Bureau of Sanitary Engineering
Jacksonville

Our attorney and engineer wish appointment Monday 10 AM your office.

Citizens Improvement Committee
Mrs. A. B. Smith-Jones, President

ADAMS COUNTY HEALTH DEPARTMENT

ANYTOWN, FLORIDA

July 19, 1954

Mr. John Doe, Director
Bureau of Sanitary Engineering
Florida State Board of Health
Jacksonville, Florida

Dear Mr. Doe:

You will be interested to know that the contract with the Palm Grove Sanitary Company was signed today by the Citizens Improvement Association of Lakeside. It is hoped

Children play happily in dirt while a few feet away runs a drainage ditch, polluted by septic tank overflow. The laboratory report (arrow) shows that approximately 160,000 bacteria will be found in every ounce or two of this overflow. (Photo courtesy Jacksonville Journal).

that within a period of six months the entire subdivision can be taken care of with a modern, efficient sewerage system and a much improved water supply. It has been quite a struggle for some of the people to raise the money, but I think most of them realize that good sanitation is a must. We wish to thank you for the very good work that Mr. Ganwill, the regional sanitary engineer, did in helping to straighten out the situation.

Sincerely,
L. L. Wisk, M. D., Director
Adams County Health Department

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FLORIDA STATE BOARD OF HEALTH

BUREAU OF SANITARY ENGINEERING

July 27, 1954

Mrs. A. B. Smith-Jones, President
Lakeside Improvement Association
Anytown, Florida

Dear Mrs. Smith-Jones:

We wish to congratulate you and your fellow citizens on the forward step that you have taken in negotiating a contract with the Palm Grove Estates Sanitary Company for the installation of adequate water and sewerage facilities. *The plans for these installations have been submitted by a registered consulting engineer for the Palm Grove Estates Sanitary Company and have been approved by this office.* Construction can proceed immediately.

It was most unfortunate that these improvements could be secured only at such severe sacrifice on the part of you and your neighbors, but we feel sure that you will be amply rewarded in the protection of the health of your community and in greater enjoyment of your homes.

We are of the opinion that occurrences, such as you have experienced, could be largely eliminated by proper control over subdivision developments prior to the construction of the houses. This procedure is followed when the developer seeks FHA or VA certified loans, but we believe that *all* of the citizens of Florida should have the same protection, regardless of the type of financing. This can only

be accomplished by adequate legislation coupled with sufficient appropriations.
The assistance of your Association in that regard is solicited and will be greatly appreciated.

Very truly yours,
John Doe
Director

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HOW IT ALL BEGAN . . .

Why is Florida having trouble with subdivision sanitation? In order to understand the present situation, it is necessary to know something of the history of Florida and its land development. For the present discussion, we need go back only to the middle 1920's. Development before this time was so limited as to present few problems. The well-known land boom of 1925 and '26 was just what the name implies—a boom of land transactions. Titles to land changed hands so rapidly that often no one knew who owned what. There was little actual construction. The speculative *builder* was a rarity. The speculative land *developer* was very much in evidence.

Since most of the actual building took place within cities and towns, sewerage disposal of "fringe areas" was a relatively minor problem. The cities had a tremendous problem just to extend their streets, sidewalks, water distribution systems, storm and sanitary sewers into the undeveloped sections of the city. In the pressure to keep up with the pace, little thought was given to the future. Water supplies were often obtained by merely punching a hole into any water-bearing strata of the ground. Sewage, in many cases, was dumped into similar holes and in many other cases was discharged raw into the nearest stream.

A "fringe area" is that "no man's land" just beyond the corporate limits of a city—a spillover of urban population into the unincorporated areas outside the city walls. . . . It is safe to say that you will find an urban fringe adjacent to every city in the United States today.

Such fringe area subdivisions as were developed in the boom era were provided with a water supply and/or sewer system by

the land developers with the express understanding that the buyer of each lot became a part owner of the utility. Then in many cases when the last lot was sold, the developer folded his tent in the night and quietly moved on to greener fields, leaving the property owners and county officials to worry over utility systems with no revenue, no maintenance and actually no organized ownership. At that time individual water supplies and septic tanks were seldom considered for urban development, and were used primarily to enable isolated rural homes to enjoy the advantages of modern plumbing.

The 1930's in Florida was a period of transition and gradual recovery. It obviously was not the time to embark on a program either of land or utility developments, and except for federally-aided work projects within cities, little construction took place. The State Board of Health, in those years, stimulated by grants of both labor and funds through the Works Progress Administration, was most heavily engaged in some real rural sanitation: the building of sanitary pit privies and mosquito control drainage.

The middle 1940's saw the start of the Federal Housing program. Officials of the State Board of Health and the Federal Housing Administration, realizing the dangers of uncontrolled developments, worked out a cooperative agreement whereby when houses were constructed under FHA where water and sewerage were not available, the State Board of Health or local health department would inspect the water supply and septic tank installation to insure that minimum requirements had been met. This program was for individual homes in relatively small numbers or for small blocks of houses. Houses that were constructed then, where utilities were not available, were usually on the best property in the area and on large suburban type lots.

The beginning of the war in 1941 put an end to developments except in defense areas. As a by-product of the national defense effort, the State Board of Health was able to secure some much needed sanitary facilities (such as sewerage systems) for a number of the more heavily affected defense areas in the State.

This brings us up to 1946-1950. Anything with a roof and four walls could and did sell. The FHA and later the VA together with the State Board of Health attempted to pick up where they left off in 1941, and carry on the working agreement which had continued during the war only in relation to war housing projects. But housing throughout the nation was failing to meet the demand, and finally in desperation, Congress stimulated the development of the big-time speculative builder. Federal agencies were em-

powered to guarantee payment of mortgages, not merely for the ultimate buyer, but for the builder or developer of entire subdivisions. Since both FHA and VA were prone to set rigid ceilings on the price he could charge, he naturally built as many houses as possible on the land available. This, inevitably, resulted in the creation of city-sized lots in suburban subdivisions.

During this period construction materials, particularly for water and sewerage system construction, were very scarce. Use was made of the now-too-readily-accepted private water supply and septic tank for each individual home. These conditions prevailed throughout the nation, and since in some areas of the United States soil conditions are such as to enable septic tanks and private water supplies to be used with relative safety, they became adopted as a satisfactory national standard.

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The backyards in this subdivision housing development look neat enough—but the drainage ditch running down the center is being used as a catch basin for septic tank discharge. (Photo courtesy Jacksonville Journal).

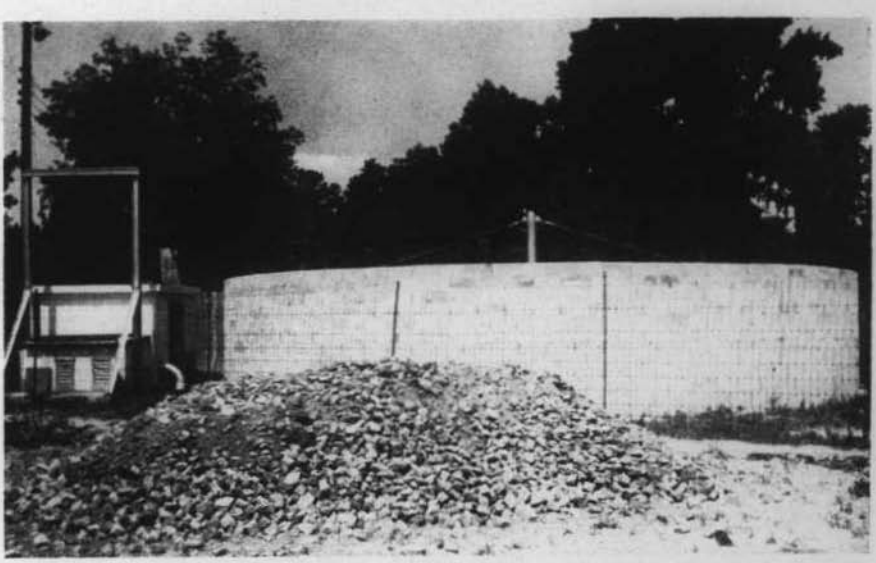
Thousands of homes were built in Florida in fringe areas, many with an individual septic tank. Around 1950, however, the more desirable property had been exhausted. Many failures were occurring in areas which not many months before had been considered satisfactory for septic tank installations. The floods of 1947 and '48 in Southeast Florida helped to foretell the trouble that later years would bring as the growth of metropolitan areas forced the population outside the city limits. The State Board of Health, County Health Departments and cooperating agencies gradually tightened their regulations. Attempts to develop land in areas where a satisfactory water supply cannot be secured resulted in some bitter battles.

A few farseeing individuals began to include a sewerage system complete with an adequate sewage treatment plant in their development plan, but many subdivisions were developed without FHA or VA insurance on loans. Very few of these latter subdivisions have been checked by county health departments, and almost none have been submitted to the State Board of Health for prior review.

The period from 1950 to 1954 has been an almost constant struggle on the part of health agencies, both local and state, to lift the standards so that *the use of septic tanks and drain fields will be restricted to property of such characteristics that there can be no doubt of satisfactory operation in the majority of cases, and to require sewerage systems with adequate treatment for all other construction in urban areas.*

Why is it that Florida experiences difficulties with subdivision sanitation? The very topography of the state is the first reason. Fully half of the area of the state, including all of the populous coastal area, is within 25 feet of sea level and much of that area is less than 10 feet above the sea. Coupled with the lack of elevation is the character of soil predominating over most of the state. There is great variation in soil types, but one characteristic is common to almost all types. The top soil is very fine sand. These two facts, the lack of elevation and the fine sand top soil would, by themselves, profoundly affect whatever method of waste disposal is selected. The occurrence of a very tight clay a few inches or a few feet under the surface also complicates soil penetration.

The situation with regard to water supplies is somewhat more optimistic. Public water supplies have long been accepted as a profitable public utility, and there is much less resistance on the part of developers to providing at least a minimum of a well and a distribution piping system. It is always necessary to provide some type of aerator and ground storage to remove odorous hydrogen sulfide (when present in the water) and a chlorinator to insure



Coarse rock in foreground serves as a filter media for the circular sewage trickling filter in the background. Certain organisms make this rock their home while they digest the sewage.

the safety of the water delivered to the customer. A high lift pump is, of course, necessary with such a system, and an elevated storage tank is necessary for the larger developments. There are some areas where the presence of iron or color in ground water make it necessary to provide more complicated treatment.

Due to the inadequacies of present laws, *the State Board of Health cannot legally prevent the creation of a land development or the actual construction of homes even though it is known that the sanitary facilities to be provided will be inadequate.* Under the authority of the Florida State Sanitary Code, permits can be required before septic tanks are installed, and good regulatory control is possible of new public water and sewer installations. However, it is very difficult to refuse a septic tank permit after the home has been constructed, and in many areas local interpretation of the laws completely eliminates a large part of the building program from any health department supervision. This partial coverage leads to many inconsistencies and to some actual hardship to conscientious developers. It should be noted that in most instances where public sanitary facilities have been constructed, the developer in the long-run profits over his less regulated competitor, but it

sometimes takes a major disaster, such as the effect of torrential rains, to educate the public to look for such improvements. Even the best of regulations will not insure 100 per cent success. It is frequently very difficult to visualize in dry weather what the area will look like when the inevitable rains come.

The situation is not all black. Through the cooperation of the insuring agencies and by dint of much education on the part of Federal health agencies, a large number of subdivisions have been furnished with adequate public water systems, and an increasing number are being served by public sewerage systems.

Economists tell us that the peak of the Florida boom has not yet been reached. The rapidly-increasing numbers of retired persons will become a more pressing factor in our economy. High, dry, easily drained lands are becoming scarce and the need for houses continues to increase. The one thing that could puncture this balloon of prosperity quicker than any other would be a filth-borne epidemic. It behooves all of us, therefore, to guard not only the health of our citizens but of our millions of visitors if Florida is to be assured of its proper destiny.

To provide our people with healthful, sanitary surroundings; to prevent the creation of slums of tomorrow; to allow our cities to grow and prosper as our population grows will demand *the cooperative efforts of developers, city and county and state officials, planning boards, housing and financing agencies, the state and county health departments and the State Legislature. Adequate laws and regulations become the first step in that cooperative program.* That step will mean little without the wholehearted support of all agencies and especially the willingness of the developers and the public itself to be regulated.

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This picture demonstrates clearly why some septic tanks will not work. These drain field trenches show the ground water level so close to the surface that necessary septic tank drainage is impossible.

Dried sludge from a sewage treatment plant can be pulverized (as shown here in pile against the digester) and used as a "soil conditioner" similar to fertilizer.

The Rains Bring Trouble

In many parts of Florida, septic tanks may work successfully for most months of the year. But during a "rainy season," the ground water level usually rises so near the surface that the septic tank drain field can no longer operate. The result — overflowing septic tanks which do create serious health and economic problems.

St. Petersburg, for instance, is one of a number of Florida cities and towns — and subdivisions, too — which have been plagued with this problem. The following quotation from the St. Petersburg Times, tells the story there:

"Regular showers for two weeks, raising the water table to the grass roots at St. Petersburg's lowest spots, has been making new converts daily in support of sanitary sewer expansion.

"Hundreds of citizens, most of them in new houses in new subdivisions, would be mighty happy in the meantime for some kind of temporary relief — both from backed-up toilets and from dangerous yard conditions. . . .

"To Dr. Robert E. Rothermel, county health director, the situation is full of threats — even of typhoid.

" 'While there is no immediate danger of typhoid," he told The Times, 'there is real danger of children contracting hookworm, diarrhea and other filth-borne diseases from playing barefoot in puddles contaminated with septic tank overflow.'

"That septic tank overflow is common on the surface, A. E. Lonn, former Indianapolis manufacturer who bought a house last year at 1011 59th Ave. N., assured The Times. He said that in his immediate neighborhood eight residents who called septic tank service firms for aid, had their drain fields opened to pool up on the surface.

"Lonn has circulated a petition asking immediate help, and sent copies to City Manager Ross E. Windom, the County Health Department and the State Board of Health in Jacksonville.

"Lonn, spokesman for the troubled home owners, told The Times he believes St. Petersburg too concentrated for septic tanks. Asked if he would vote for general obligations bonds for sanitary sewer purposes, he said: 'I would.' "

FLORIDA HEALTH NOTES

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All counties in Florida have organized county health departments except St. Johns County

FLORIDA HEALTH NOTES published by Florida State Board of Health since 1892

What's wrong with septic tanks anyway? Well, the truth is they used to work pretty well before we all moved so close to each other and bought so many modern conveniences which use so much water. To put it simply, a septic tank is a "country cousin that came to town and promptly got into trouble."

Florida HEALTH NOTES

Oct. 1954

HOW'S YOUR SCHOOL LUNCH?

Vol. 46 No. 8


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HOW'S YOUR SCHOOL LUNCH?

What do you know about the school lunch program in your school? Mrs. S. B. Bright is one of the many citizens throughout Florida who has been giving time and thought to this phase of the school program during the year. The following is her report to her local Parent-Teacher Association in Couldbe, Florida. By listening to Mrs. Bright give her report, you may get some new ideas of what the lunch department is or "could be" in your school.

"Most of us like to dodge committee work, but I was glad when Mrs. Williams, our president, called me and asked me to work with a group throughout the county on appraising the school lunch program. For almost two years, I had been listening to Johnny come home and complain about the food served at school, and knowing Mary would be starting this September, I wondered if I was going to have to hear the same complaints from her, too. Frankly, I'd been wanting to go to school and ask about it, or complain about it, or do almost anything, but my husband told me not to because we didn't want the school people to think we were trying to tell them how to run their business.

"When Mrs. Williams called and said that the PTA and the Children's Commission had been asked to work together in studying the school lunch program, and would I help, I really felt like it was an answer to a prayer. Maybe, before I begin telling you about what we have been doing, I'd better tell you a little bit about why it's being done.

"It seems that last Fall, the State Superintendent of Public Instruction called together a group of people to form a State School Lunch Advisory Committee. As I understand it, they represented PTA., Children's Commission, School Administrators, State Board of Health, legislators, and people like that. It was felt that a group like this had not had much of a chance to study the school lunch program lately, and perhaps people throughout the state were not well acquainted with its purposes and problems.

"Anyway, this group met in Tallahassee on November 30-December 1, 1953. They had some rather frank discussion about whether a school lunch program was desirable, whether there were some good reasons for not having one, whether people just were following a plan set up without really studying it to see that it was worthwhile. In the end they came up with four essential points they agreed on. I want to read them to you.

1. **It is essential to child health and education for all children to have nutritionally adequate lunches each day.**
2. **Unless the school accepts the responsibility, under the present conditions a large majority of children will not have an adequate lunch at a price they can afford. Experience has shown private enterprise cannot provide lunches for profit, but can and will move in and dispense package goods for profit. Such programs provide inadequate lunches, nullify the teachings of the classroom and develop undesirable food habits.**
3. **There is no such thing as a free lunch—someone has to pay for it.**
4. **Large numbers of lay people throughout the state should study the school lunch program in relation to the whole school program and ascertain how it can be adequately financed.**

"This state group recommended that a study and evaluation of the school lunch program should be made in each county. They asked the PTA, the Children's Commission, and the county superintendents, to head it up.

"Now, to get back to where I came in. Almost before I finished telling Mrs. Williams I'd be glad to serve, she had me on my way to Tallahassee for a 'work conference' as it was called. We met with representatives from other counties who were to help with the study, and with people from the state offices. First of all, we learned the background for this—what I've just told you. We learned that they didn't just want people to get better acquainted with what school lunch was doing, but they wanted an expression from them on the kind of program they felt was needed in order to safeguard our children's health, and they wanted suggestions on how to provide the kind of program we as citizens want.

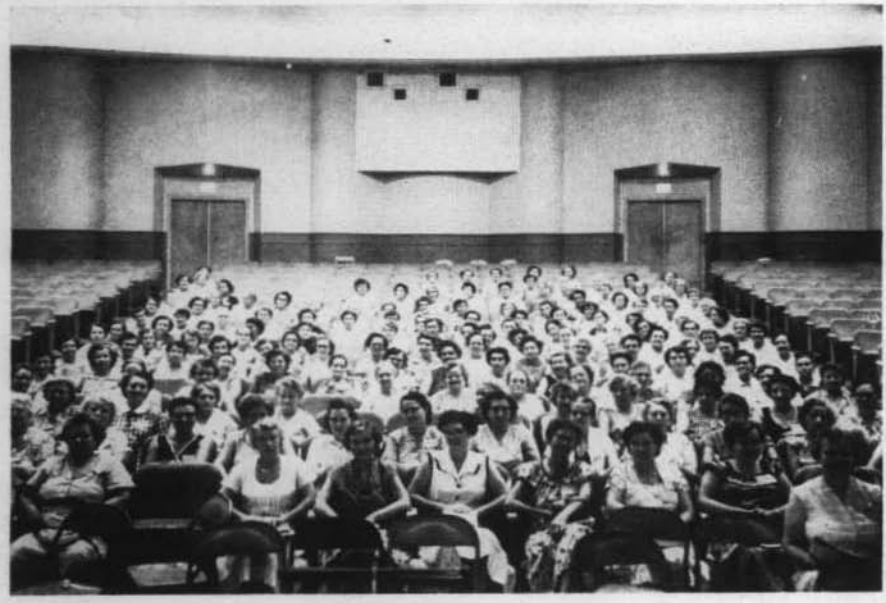
"All that was quite inspirational, but the fun really began when people started talking about their problems. For one, I had to keep fairly quiet, because about all I knew I'd heard from Johnny, and

I'd left town too fast to do much studying. Anyway, I was glad that we were urged not to study the program strictly from a dollars and cents point of view alone, but to find out what school lunch contributed to the classroom educational program—or, as they called it, the total school program.

"Most of us left the conference feeling quite enthusiastic. Somehow, when you work with people in Government as we did at the conference and see how they arrive at their decisions, it gives you faith in your public officials. The earnestness and sincerity of purpose with which they work, and the way the different agencies work together surprised me. Before, I'd always sort of felt that everybody was out for himself, or each group was trying to get the biggest budget. But I learned that most of them are working together for the well-being of our children.

"When we got home from this meeting, Mrs. Williams and I met with several others from over the county down in Judge Windward's office . . . you know he's on the Children's Commission. We tried to make some plans and finally decided that maybe it would be good to hold an open meeting so anybody could come and give his ideas. I don't believe too many of you were there, but anyway, our school lunch supervisor told us about how a check was made in 941 schools on the same day. It showed that 5.7% of all the children in those schools had no breakfast on that day; 2.3% had no lunch; only 53.5% ate lunch prepared in the school lunch department. (I couldn't help wondering if that was one of the days I'd packed Johnny's lunch.) She also told about some diet surveys the schools had conducted with the help of the State Board of Health Nutritionist in which they found that the children had a low intake of milk, green vegetables, and, of all things, citrus fruit. It's just another case of our children being 'cobbler's children' I guess.

"Most people seemed to be right interested. Anyway, somebody suggested that before parents could do much toward recommending plans or policies for a school lunch program, they should do a little thinking and formulate some ideas about it as it now operates. As a result of this, the committee prepared a 'What do you believe' questionnaire and sent it to all the parents in the county. I'd like to ask, but I won't, for a show of hands on how many of you returned it. Our committee took the returned ones and tried to summarize the answers. We could almost call it 'pro and con' of school lunch. Results of questionnaires sent out for other counties as well as our own have been compiled by the State Department of Education in a booklet called 'What Are Your



This group, engaged in studying nutrition, is but a small number of the more than 800 school lunchroom workers who met in Tallahassee this summer for study and conference.

School Lunch Beliefs?' I thought everybody would be interested, so I've secured copies for you. Let's see, Mrs. Williams, will you help me distribute them?

"Somewhere I ran across this statement giving the reason for establishing the school lunch program: 'To safeguard the health and well-being of the Nation's children by encouraging them to eat more nutritious food'. I decided that some of us were pretty much out of line with the original thinking.

"Now, then, does everybody have a copy? Then let's take a careful look at this report" . . .

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WHAT ARE YOUR SCHOOL LUNCH BELIEFS?

The best school lunch program can be developed only when many individuals and groups have the opportunity to share in defining the purposes, establishing the policies and evaluating and improving the program. School lunch programs

should reflect the beliefs of the communities they serve. School lunch beliefs vary greatly. Below are listed some of the many school lunch beliefs that are heard from time to time. What are your beliefs? What do most people in your community believe? What kind of school lunch program does your community have? What kind of school lunch program does it want? It always helps to crystallize thoughts to write them down. If your beliefs vary from those below, why not jot them down in the spaces provided?

Are School Lunch Programs Needed?

Abolish the school lunch program. If we feed the children today, we will be expected to clothe them tomorrow. That is a bad trend.

A democracy is concerned with the welfare of its citizens. A healthy, well educated citizenry is essential to our survival as a democracy. School lunch services need to be expanded and improved.

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The program is not essential, it is a mere convenience for pupils and teachers who want it.

The school lunch program is an essential health and education service for all children.

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Needy children should have to work for their lunches, free lunches teach shiftlessness.

All children are needy at lunch time. You can't teach a hungry child. Don't punish the child of a low-income parent or a child for the faults of his parents. Good school lunches and a good education should make the children of shiftless parents better adult citizens than were their parents. The school lunch program affords desirable opportunities for learning experiences, vocational guidance and citizenship work for all pupils, not just those in financial need.

What Kind of Lunches Are Needed?

Packed lunches were good enough for me, that's all we need today.

The one room school, just the three R's and the horse and buggy were good enough for grandpa, but we want the best of today's opportunities for our children. Many packed lunches are inadequate. Volume of business and improved management practices make it possible to prepare lunches at school cheaper than at home. Such factors as school consolidation, transportation of children, increased employment of mothers and the nutritional and educational values of school lunch experiences make a good school lunch program a must in every school today.

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Children get big meals at home, they only need a "tide over" snack at school.

Many children do not get two adequate meals at home. Children need three adequate meals every day. School lunches should provide at least 1/3 of each child's daily food needs.

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Serve the children what they want.

Even high school students lack sufficient knowledge, experience and maturity of judgement to make wise, nutritionally adequate selections from a wide assortment of foods. It is the school's responsibility to develop desirable beliefs, attitudes and behavior patterns in pupils. To be well fed, children need to learn to like a great variety of foods. Choice may be desirable within an established menu pattern which safeguards the nutritional adequacy of the total selection. Schools should serve only items which contribute both to the nutritional needs of the child and to the development of desirable food habits.

Who Should Operate the Program?

The PTA started the program — let the PTA operate it.

The official National PTA School Lunch Score Card says, "The operation of the school lunch program is the responsibility of school officials. However, the cooperation of the Parent-Teacher Association will always be needed to interpret the school lunch program to parents and the community."

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Let each school operate its own program. County, state and federal regulations and laws are just red tape and dictation.

School lunch programs are essentially and primarily a state function. States should prescribe adequate child-centered standards and regulations for the school lunch program consistent with those set up for other phases of the education program. Legal and administrative safeguards should surround the collection and management of school lunch funds and materials.

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Let each school operate its own program, supervisors are not needed.

Supervisors trained in education and food service administration are needed as leaders and coordinators in the development and operation of the program and in the solution of its problems.

What Are the Facility Needs of the Program?

A corner of the hall or a closet is O.K. for the school lunch department. It is used just a few minutes each day.

School lunch facilities are an essential part of the school plant. They should be adequate for comfortable dining, efficient operation and sound sanitary practices.

What Purchasing Practices Should Be Followed?

Give local merchants all your school lunch business. It's a good way to help friends and keep merchants obligated to you.

School lunch purchases should be made on a bid and specification basis, with purchases determined by quality, price and service offered.

Marion County Health Department sanitarian, Mr. Gene Price, points out to Mrs. Virginia Painter, Ocala, the necessity for checking temperatures inside a school lunchroom refrigerator.

Who Should Pay the Bill?

The child should pay the total cost of the program. Increase sale prices if costs go up.

Participation drops off and free lunch needs increase when sale prices go up. Many children can't afford to pay the total cost of an adequate lunch. Compulsory school laws and consolidation make it impossible to use home facilities, utilities, labor, etc. to feed most children at noon. These costs, therefore, become the responsibility of the state. The charge to the child should not exceed the cost of the food. Tax funds should be provided to meet the non-food costs of the program.

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The school lunch program should make money for the school. It will, if you sell the package goods, candies, pies and knick knacks children like. School store profits are needed to help pay for important things the school board doesn't buy.

As an essential health servcie, the program should be operated on a non-profit, nutritionally and educationally sound basis. Such programs do not compete with private enterprise. The school lunch department should be a health education laboratory — not a school store.

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Farmers need price support help. The commodity program gives enough aid. Commodities are unpredictable as to items, amounts, and time of receipt. A

Mr. B. B. Adams, manager of Florida State University dining rooms, demonstrates some equipment to visiting school lunchroom workers. Left to right are: Mrs. Elizabeth Keen and Mrs. Martelle Crosby, both of Callahan, and Mrs. Marie Crosby, Fernandina.

sound program cannot be planned on this basis. Children are the nation's greatest asset, they should not have inadequate lunches between price support purchases.

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The federal government finances the program.

Federal aid per lunch has decreased. Public education is the responsibility of the state, local, and federal governments and each has the duty and responsibility of assisting in the financing of the school lunch program.

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Teachers' salaries must be increased, so we can't help the school lunch now.

School lunch personnel are school employees just as are teachers, bus drivers, etc. Children are exploited to pay present meager salaries of school lunch personnel.

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Other school needs must be met before we help school lunch.

A minimum education program includes school lunches and all other essential services. Citizens should cooperatively determine the total school needs of children and report their needs in full to their legislators and congressmen.

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Adequate school lunch aid would require new taxes. We can't afford it — citizens wouldn't stand for new taxes.

It is the responsibility of the legislators and congressmen to determine how much the state and nation shall tax themselves and for what purposes. We are spending enough money trying to teach malnourished children, grade repeaters, etc. to finance an adequate school lunch program. The school lunch program is an essential health service and an integral part of the total education program. Citizens are willing to pay for important services they understand and want.

(End of Booklet)

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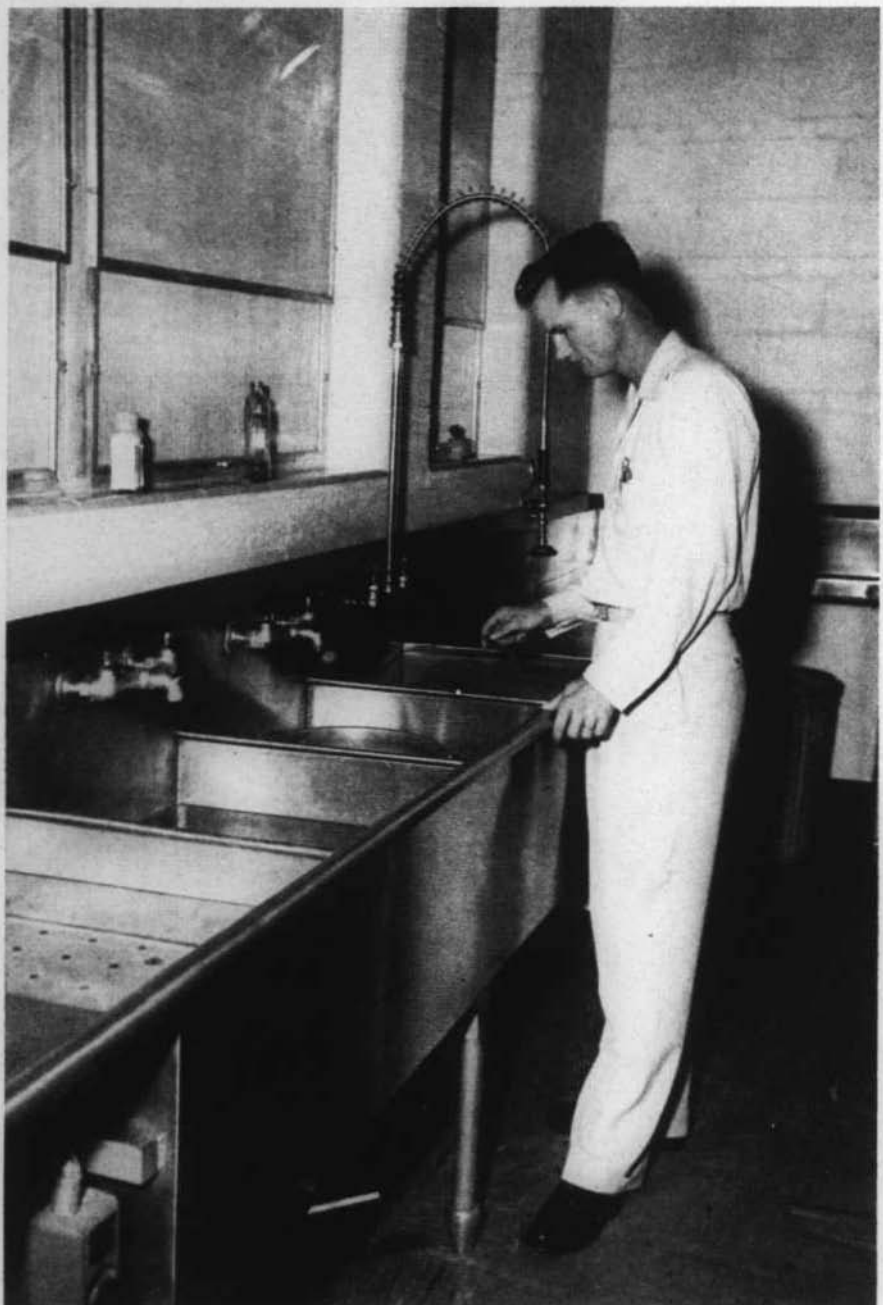
Mrs. Bright continued her report:

"The question on who pays the bill was probably not a very good one to wind up with, but there is no need denying that money is one of the big problems or needs of the program. As Mr. Zack, our principal, expressed it, 'Financially our program is balanced. We can show no profit or loss. We may go in the red one month, but must make it up the next or we are bankrupt. It's as if we were balanced on a razor blade. There are no funds on either side of the ledger to cushion the fall.'

"And, may I say right here, that Mr. Zack has really been pretty wonderful in helping me. Not only has he taken time out to sit and talk about school lunch from his point of view, but he has suggested that I talk with the teachers and children, that I visit the cafeteria and the class rooms. I expect if I'd come up here complaining instead of serving on this committee, he'd have done



Shown here at a four-compartment sink in a school lunchroom preparing to take a water sample is a Marion County Health Department sanitarian, Mr. Hubert Lindsey.

the same thing, because Mr. Zack is proud of our school lunch department, and I think he has a right to be.

"I hate to admit it, but I didn't even know what made up the 'type A' lunch they told me was served in our school. I had to ask the manager, Mrs. McCormick, to find out. She told me she was required to serve:

½ pint of whole milk as a beverage
2 ounces of lean meat, fish, or poultry, (1 egg, ½ cup dried peas or beans, or 4 tablespoons of peanut butter can be substituted.)
¾ cup of vegetables and/or fruit
1 or more portions of whole grain or enriched bread
2 teaspoons of butter or fortified margarine.

"My first reaction was, 'I surely couldn't do all that for 25¢', and that is what they charge. In fact, I couldn't even pack Johnny's lunch for that. Mrs. McCormick says that it is the quantity buying, mass production, surplus commodities, Federal reimbursement, and a little money from the county that make it possible . . . I'd like to add—and good management on her part. You notice I said 'a little help from the county'. Not all of the counties get this.

"I don't know how many of you have ever eaten in the school cafeteria. Well, the committee doing this study decided to eat around in the different cafeterias, and we were really impressed. I know the day I came here to school, I didn't let Mrs. McCormick know I was coming because I didn't want any 'company' meal, but the food was good. Maybe, I should add that all of us have paid the full price of the meals when we have eaten in the cafeterias. We aren't bumming free meals.

"I talked to Mrs. McCormick, and I decided that I wouldn't have her job at any price. I told her that Johnny came home and complained at times, and she said she wasn't surprised because most homemakers have trouble planning meals that every member of the family likes, and at school she has the problem of planning for an average of 500 children every day. Incidentally, lunch departments in Florida range in size from 19 to 1,132 students a day.

"She went on to tell me about how they tried to teach the children to eat a variety of foods and how the little fellows in the first two grades are usually the worst about accepting foods because they so often come from homes where there are limited food habits. Maybe Daddy won't eat it; maybe mother pampers her 'baby', or maybe they don't have money for a variety of foods. But, when they don't know what a food is, they hesitate to eat it. In fact, she told me about serving broccoli toward the beginning of the

year, and when she noticed so much of it coming back, she had a worker scrape it into a separate garbage can. She had about 20 pounds wasted, most of it by the little fellows. The next time she was going to serve it, she talked to the children over the public address system, telling them what it looked like, how it tasted, how it grew, and so on. That time she had less than 5 pounds wasted, and since then they have been eating it. Frankly, I had no idea that the school lunch manager did things like that—I guess I'd just thought of her as a cook.

"While I was talking to her, two boys came in and said: 'Mrs. McCormick, may we have the food for the rat?' I thought I was hearing things. When they were gone, I asked her about it, and she insisted that I go up to the seventh grade room to see the animal experiment they were conducting. It seemed that the State Board of Health Nutritionist and the teacher had conducted a survey and found that the children were eating rather poorly—especially at noon. Many of the boys and girls get off-campus permit cards at this age and go to the corner store for their lunch. The nutritionist got them two white rats, and they set up an experiment to determine whether or not food makes a difference, especially lunches. They decided to feed one rat from the corner store—you know, the candy, soft drinks, popcorn, potato chips variety of food they were eating; the other one was to be fed the school lunch each day—vegetables, meat or cheese, milk, bread and butter.

"The difference in the growth of the two rats was really quite amazing. In addition to weight and growth gains, the children could see that the 'store fed' rat was more irritable, his coat was shaggy, his eyes were sore, and his tail was all rough and scaly.

"The nutritionist and teacher working together have helped them apply what happened to the rat to what could happen to them if they had poor diets over a long enough period of time. But, Mrs. Fair, you were the teacher; is there anything else you might like to tell us?"

Mrs. Fair rose: "Mrs. Bright, I might add that the children have begun to improve. More of them are eating in the lunch room. They have decided it is smart instead of 'sissy' to eat well, and I think in time all of them will come around. I'd like to add that it has taught more than just good food habits. The children averaged the cost of the food for each rat and found that the one on the poor diet cost more to feed than the one on the good diet. So they got in a little arithmetic and a lesson in getting the most for your money as well as learning about nutrition."

Mrs. Bright continued: "Another day when I was in the department, a committee from the student council came in to help plan

the menus. Mrs. McCormick explained that this was done for several reasons—to give them good experience; to help them feel some responsibility for school lunch; and to make them feel that they have a part in the program. This gives the children a chance to include their favorite foods. It allows them a choice without having to have a big array of foods on the steam table—they choose *before* the food is prepared. She pointed out that people are often inclined to omit foods which they do not particularly like, and so through group planning, they learn to give and take and to incorporate all foods within their budget into the menus.

"Throughout the school I found evidences of interest in food and nutrition, and the school lunch department always seemed to be involved. The fifth grade told me about doing a 'plate waste' study in the cafeteria. They tried to figure out in dollars and cents the worth of the food wasted and how many additional lunches could be purchased for that amount of money. They were doing some charts to put in the lunchroom to call this waste to the attention of the other students. I don't know about you, but this is the kind of practical educational I'm looking forward to having my children get.

"Johnny's grade, for example, has begun a 'taste a bite' club. They have agreed that they will eat at least one bite of every food

These children seem happy patrons of a school lunchroom (which hopes some day to have its food displayed behind glass).

served. Believe me, I'm looking forward to seeing the effects of this at home.

"I could go on, but time is growing short. Maybe this will give you an idea that in our school the teachers, lunchroom personnel, and the students are working together, and that the lunchroom is really quite an active part of the school program.

"Oh, yes, Mrs. McCormick did tell me that there were needs in the equipment line that would make her happy if they were met. She suggested that I talk to the sanitarian at the county health department, Mr. Klene, about this. I hadn't realized that the sanitarian made regular inspections at the school lunch room like he does at the restaurants down town, but I know it is just as important.

"Both the health officer, Dr. Samples, and Mr. Klene were very appreciative of the work being done here. They mentioned the fact that our workers all come regularly for their health cards, and that they always attend any food handler training programs that are given.

"Mr. Klene mentioned the equipment, too, though. He pointed out that we don't have enough dishes, so they have to be washed twice during the serving period. Even with a dishwashing machine, they still have to be scraped, stacked, rinsed and racked. With only five workers to do this, to get food on and off the stove, and on and off the counter so it isn't overcooked but is good and hot, to serve, and to keep a smile on their faces, is a pretty big job. He said that we'd been mighty lucky, but when you work under pressure, careless handling sometimes results. Another thing he is concerned about is that it is mighty hard to keep the water up to proper temperature for sanitizing the dishes as they should be done when things are going at such a fast pace, and we're using such quantities of water.

"He also pointed out that he would like to see our food served behind glass. While the type service we have makes it unnecessary for the children to reach across the food or counter, he still would feel better from the standpoint of the occasional sneeze or cough, if the food was behind glass.

"He congratulated the school on having the Student Council help look after the disposal of milk cartons and paper napkins. Having the children do this part of the scraping process was causing a rather messy, unsightly corner until someone started standing by to help.

"I was surprised when he said that he felt so much better now that they had the milk situation straightened out. When I asked what he meant, I found that he'd been very much concerned over

The Florida Chapter of the American School Food Service Association receives some new members. Paying their dues are (left to right): Mrs. Mary Carter, Orlando, Mrs. Callie Andrews, DeFuniak Springs, and Mrs. Wilma Kah, Tampa.

the fact that until this past year, bottles with metal caps had been used. He was afraid all the tops weren't being washed as they should, and the metal opener used was contaminating the milk—or at least offered the possibility. Now each child opens his own paper carton. The sanitarian would still like to see individually-wrapped straws or some other method for dispensing straws worked out.

"Why I even found out that they were interested in the fact that we have lockers for the workers to put their clothes and coats in! It not only looks neater, but it certainly is better than having things stacked around or hanging on the toilet room door or piled on the groceries in the storeroom.

"All in all, from the sanitation standpoint, things were pretty good. We could use more dishes, or a larger dishwasher to good advantage. And, additional refrigerator space would be helpful. I hadn't realized that the health department was so concerned over left-overs, or how long in advance some food is prepared—and things like that.

"Dr. Samples mentioned the fact that he and Mr. Zack hoped to work out a way to give additional nourishment to some of the

children who are especially underweight or show other signs of malnutrition.

"After talking to people at the school and at the health department, I have decided that we are actually much luckier than many people to have the facilities we do have and the personnel we have in our program. I found out, too, that the schools in this county are among the 317 in the state who gave the lunchroom personnel contracts before school was out, just the way teachers are given them. I also found out that our county assists in assuming some of the non-food costs of the lunchroom operation, and this isn't true in many counties. What these schools do that have to pay everything—including the salaries of the workers—out of the 25 cents they charge the children is beyond me.

"Even though, admittedly, we are better off than some of the other programs, I wonder if we are doing all we can do to help? Our committee hopes to summarize its work for the county as a whole and then present it either at another public meeting or in a series of articles in the newspaper.

"Meanwhile, I'd like to suggest that our PTA consider making its next study group for credit on Nutrition and the School Lunch. There are lots of things I still want to know, and I'm sure you still have questions. If we understood little things like why it isn't practical to put a glass of water on each child's tray, we may do a better job of helping our children appreciate the opportunities they are enjoying. I understand that the staff of the Nutrition Division of the State Board of Health and the School Lunch Division of the State Department of Education are ready to assist schools with study programs of this kind.

"In closing, I'd like to read for you three goals that have been set up for school lunch. They are:

1. **The school lunch should foster good food habits and safeguard the health of school children.**
2. **The school lunch should contribute to the education of the child and his family.**
3. **The school lunch should be a community-wide enterprise.**

"From my own personal point of view, the first two are being accomplished in our family, and I want to do my part in bringing about the third. This is a program which all of us should be interested in since it concerns the health of our children—both today's health and tomorrow's. I believe that better school lunches can make better schools; better schools make better communities."

Total No. of schools in Florida	1,350	100%
No. of schools with a school lunch program....	941	70%
No. of schools without a school lunch program.	409	30%

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All counties in Florida have organized county health departments except St. Johns County

FLORIDA HEALTH NOTES published by Florida State Board of Health since 1892

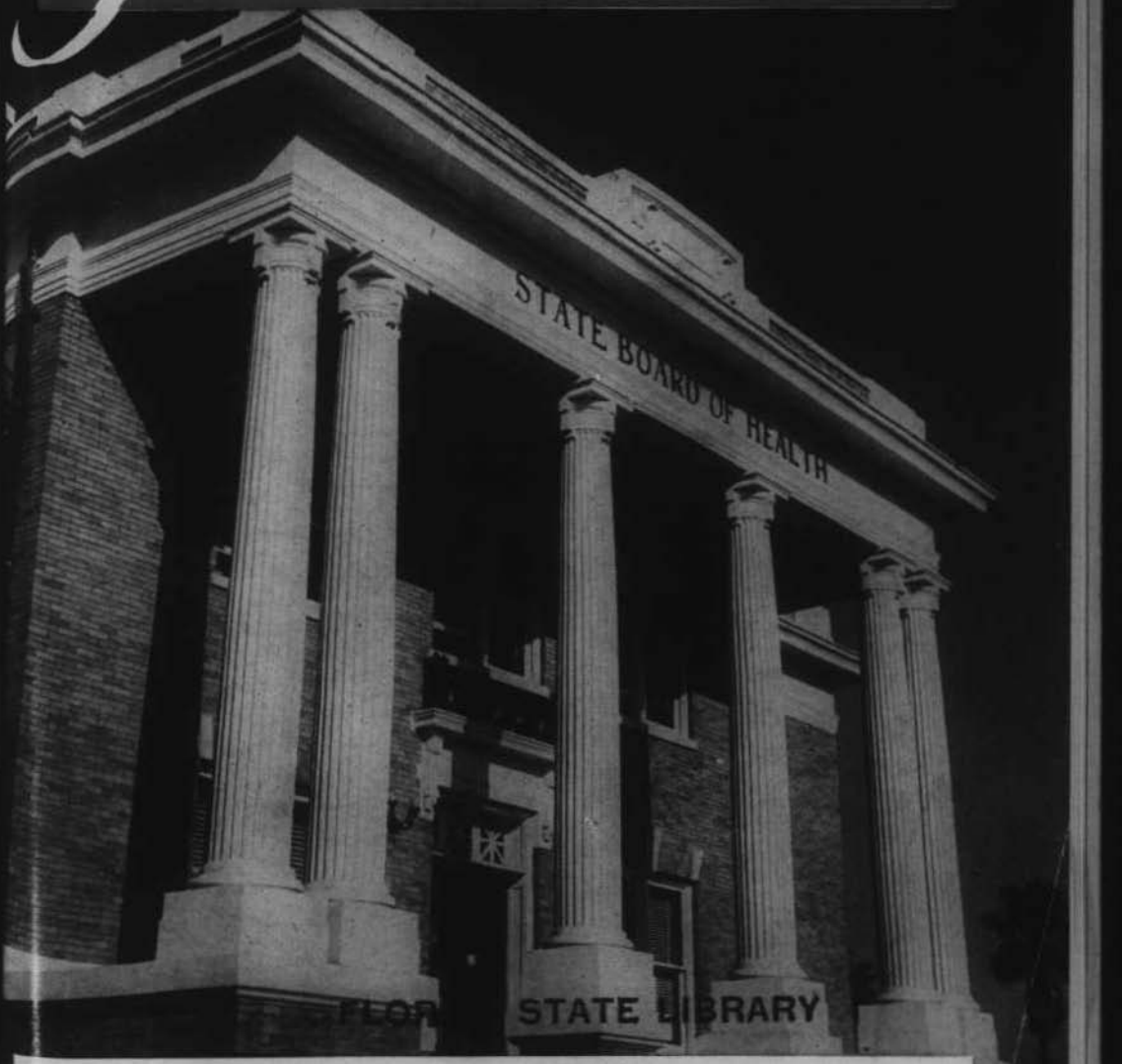
HOW WELL FED ARE OUR SCHOOL CHILDREN?

A one-day October, 1953, survey showed:

5.7%	*of our school children in 941 schools had no breakfast*
2.3%	*ate no lunch at all*
9.2%	*ate lunch at home*
17.6%	*brought their lunches to school (725 of the 941 school surveyed said the packed lunches are not as adequate as those prepared at school)*
4.6%	*bought a lunch at the corner store or elsewhere*
53.5%	*ate a lunch prepared in the school lunch department*
7.1%	*were absent from school or for some other reason were not counted.*
100.0%	*Total Entrollment*

115 schools still sell candy or carbonated beverages other than at the lunch period and 62 schools still sell them during the lunch period.

Florida HEALTH NOTES



Nov. 1954

COMMON SKIN DISORDERS

Vol. 46 No. 9

A familiar sight is this gentleman looking for signs of athlete's foot between his toes

COMMON SKIN DISORDERS

Why should there be an issue of Health Notes on skin disorders? There is no single skin disorder peculiar to Florida but there are some that may be more of a problem to us. This may be due to the fact that since we live in a warm climate, we expose more of our skin and if nothing more, skin disorders are more noticeable! Certain bacteria thrive better in a warm climate. We stay on the beaches a lot, get more sun, go barefoot — and because of these factors (as you shall see) we may be more prey to creeping eruption, ground itch, skin damage from the sun and other conditions. We shall also mention skin disorders arising from other conditions such as dermatitis in workers in the citrus industry, impetigo (sometimes erroneously called Florida sores) and redbugs, the bane of the hunter and fisherman as well as the gardener.

Some of these skin disorders are more annoying than dangerous. But anything that causes pain, itching and discomfort should not be ignored. The school teacher who must cope with itch and ringworm in her students, the worker who loses time in order to have treatment for cancer of the skin, and the beauty on the beach who stays too long in the sun and burns her skin — all are coping with skin conditions.

not a textbook . . .

We won't try to cover all the skin disorders known to man. We will just discuss, quite informally, a few of these conditions that you may have wondered about. Nor will we tell you how to treat them. Some varieties of skin diseases are often difficult to diagnose. Treatment methods vary widely. What appears to be a skin disease may be in reality a clue to a more dangerous internal disease. Therefore it is important that you consult your family doctor for diagnosis and treatment of skin disease. He in turn may find it necessary to send you to a dermatologist or "skin specialist" who is more highly skilled in the treatment of skin disorders. Home treatment with patent remedies may be useless — even dangerous — if the diagnosis is not accurate!

FLORIDA HEALTH NOTES

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basic facts . . .

But first, how much do you know about the human skin? Did you know that it is an organ, just as the heart, the liver and the stomach are organs? Some people look upon it as merely something that holds you together. The skin is a good deal more than that as it is one of the largest — and most accessible — organs of the body. It will weigh on an average as much as three times the weight of the liver. The skin of a 200-pound man can weigh as much as 30 pounds. It is full of tiny openings or pores. It can open and close with the ease and flexibility of a venetian blind — automatically — to meet changing conditions of wind, weather and other factors. It can pass some substances through it from the inside of the body, such as sweat and wastes thrown off by the body in its unceasing job of growth, replacement and repair. It also will admit some substances — but here it is very choosy. For instance, the skin's tiny pores will close to water, but will open to ointments containing sulfa drugs. It serves as a filter for certain rays of the sun, used by the body in the complicated chemistry of growth and repair. Certain bacteria, notably the staphylococcus (chief suspect in the cause of boils and carbuncles) can work their way through the skin's defenses and set up an infection. Certain living parasites, such as hookworm, can make their way into the body, generally through tiny nicks or abrasions in the feet.

protects us . . .

Skin is the body's first barrier against the hostile elements of the outside world; in short, our "first barrier of defense" to protect the inner workings of the body. It has a remarkable ability to judge the changing conditions of our environment, to safeguard us from cold, to protect us from heat. This is vital to life itself, since a shift of only a few degrees in the internal body temperature can cause serious damage and death. In a warm climate, like Florida, where sun rays offer more of a threat to the skin and the body, it meets the challenge by increasing the amount of pigment in the skin, protecting the outer surface and the inner tissues, much as colored eyeglasses protect the eyes against an excess of harmful rays from the sun. The outside layer of the skin also blocks the loss of body fluids through uncontrolled evaporation. It also acts as a dam to block absorption of water from the outside.

here are a few . . .

Let us now consider some of the skin disorders which we may find in Florida (as well as other parts of the country.)

Sad but true — little girls with luxuriant hair sometimes harbor head lice. Cutting the hair is occasionally necessary to get rid of a persistent infestation.

Scabies, the **"seven-year-itch,"** is a once-common contagious disease that is beginning to disappear as we learn more about the value of the daily bath with plenty of soap and water. It is caused by an animal parasite, the itch mite. In this instance, it's the female who causes the trouble. She burrows beneath the skin and lays her eggs. Her duty performed, she then dies. The eggs hatch in about three days. Within a few days the young parasite is ready to take up where his mother left off, causing a generalized itching which is usually intensified at night. This disease is usually contracted in bed from an infected bedfellow, though children often seem to get it by holding hands or playing together. The signs of scabies are frequently seen on the inner portion of the arm, between the fingers as well as other areas of the body. The teacher or parent will sometimes see long scratch marks, indicating a child has had such itching he has vigorously scratched himself. Sulphur and lard used to be the classic treatment but there are now new preparations prescribed by your physician which are less messy to use.

Pediculosis, "head lice," are still occasionally seen. The head louse is a small wingless grey colored insect which attaches its eggs to the hairs. The eggs are called "nits" and are often seen on the back and sides of the head, particularly in the hair just behind the ears. They are tiny grey capsules. They are frequently seen in members of the same family, but may be contracted by wearing hats which contain the lice, by boys wrestling and heads coming in contact, etc.

There are a number of fairly simple treatments for head lice today. A fine comb must be used to remove the nits. (Incidentally, head lice are sometimes seen in young girls who have just had a permanent wave! The lice may be dead, but the nits should be removed.)

Body lice usually live in clothing and turn to the skin only for food. They puncture the skin and suck out blood. They tend to bite those areas which are in close contact with underclothes. **Pubic lice** are found around the genital areas. (Note: The body louse transmits epidemic typhus, which is not found in this country. Typhus fever is spread here by the bite of the rat flea.)

Bedbugs are still occasionally seen. A rusty brown colored insect, they have a very offensive smell. They live in crevices in furniture and walls, as well as beds. A bedbug bite may cause inflammation and irritation. Our better standard of living, cleanliness and modern insecticides are helping to rid us of this scourge.

Larva migrans, or "creeping eruption" can cause intense itching misery. Such an infection should be treated by a physician. The villain is a worm so tiny it can be barely distinguished under the

microscope, and then only by using special techniques. It comes from body wastes of infected dogs and cats and is often called dog and cat hookworm. Any ground soiled by these wastes is likely to be a repository for these tiny larval worms. A small child digging in a sandbox, a woman spading in a flower bed, a man lying on his back doing repair work on an automobile, for instance — all expose themselves to the possibility of larva migrans infection. A day or so after the larva enters the skin there will be a small papule, or "pus bump" which marks the spot where the worm dug in. Some varieties will remain close to the point of entry. Another variety will "travel" just under the skin, leaving a wavering, slightly-raised red line to mark his progress. Because the larval worm is tucked

Dogs are barred from many beaches because of the danger to bathers of contracting creeping eruption from dog feces.

X-Ray, a painless procedure, is used in the treatment of a number of skin disorders.

away under the skin, treatment is difficult and medical care is advised.

Aside from the nuisance of the itching, the larva migrans creates another problem. Scratching the itching spot may create breaks in the skin which will lead to secondary infection from ever-present virus and bacteria.

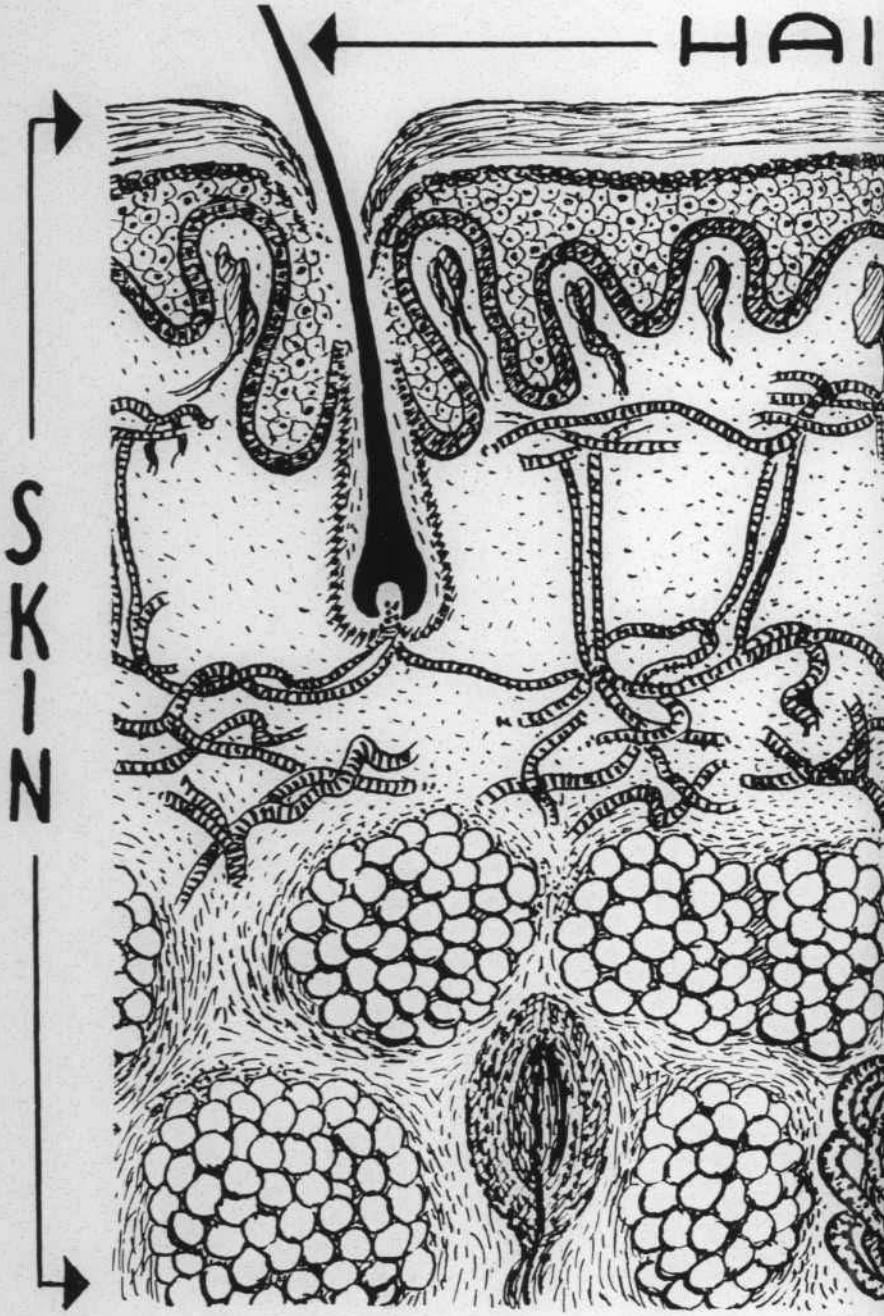
The real cause and the hazards of creeping eruption have been fairly well known in Florida since 1924. During that year the late Dr. J. L. Kirby-Smith conducted a ten-day clinic on larva migrans with the cooperation of the Florida State Board of Health and the Jacksonville City Health Department. Of a number of people applying for treatment, 147 persons were found to be infected. A number of surveys done since then reveal that creeping eruption is still with us and still annoying.

Incidentally, **hookworm** (an intestinal parasite) makes its entrance into the body usually through the soft skin between the toes. Sometimes this entrance leaves small irritated areas which are known as "ground" itch or "dew itch." If the sores are due to these entrances, they will usually clear up within a short time. (For more about hookworm, write us and ask for the pamphlet "You Don't Want Hookworm.")

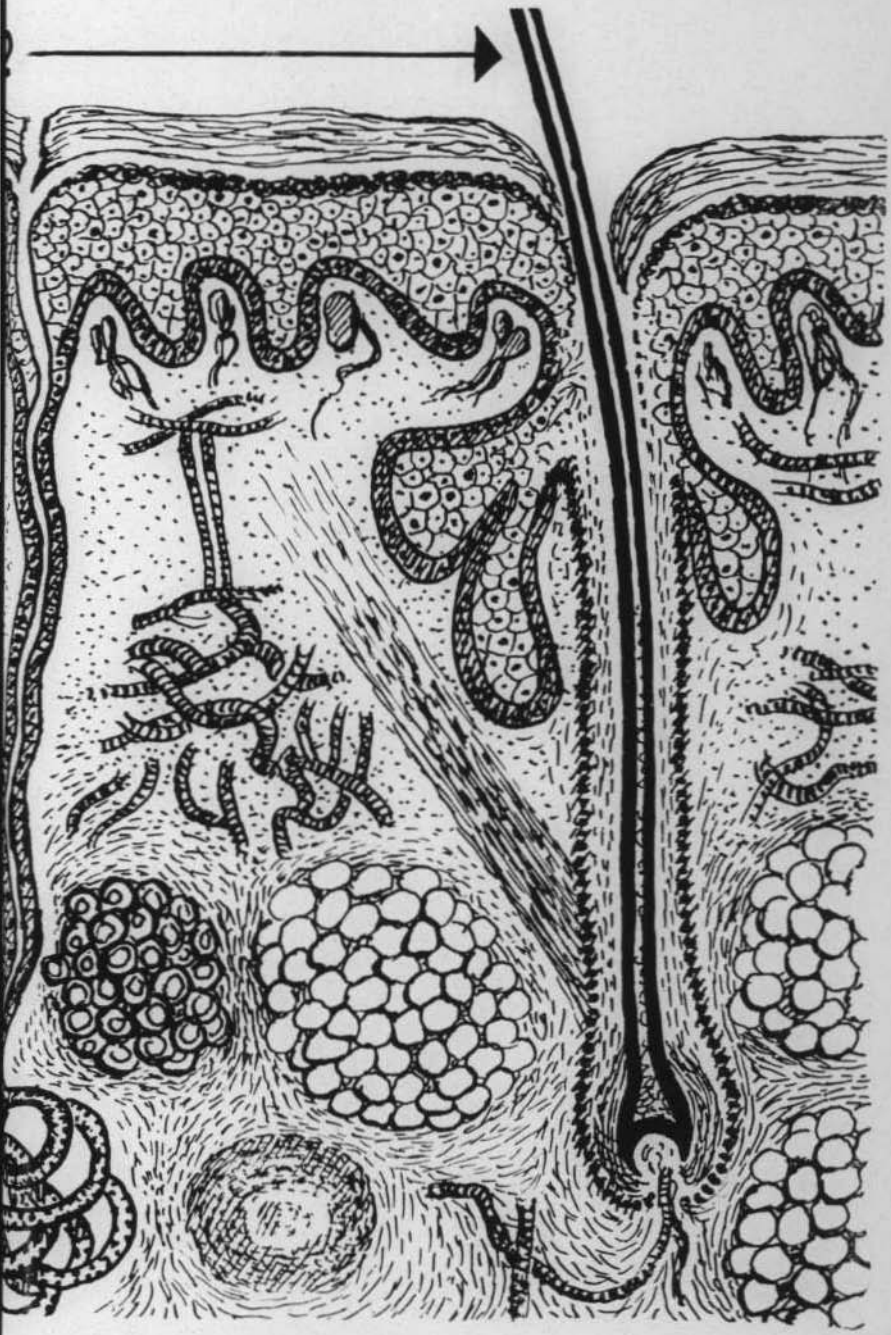
Insect bites — such as fleas, sand flies, mosquitoes, gnats and the like, can cause annoying local irritation. Some persons react more violently than others; they may have almost an allergy to them. These latter should probably use an insect repellent on their skin when insects are present.

Stings from bees, wasps and hornets are always painful and may be dangerous. The common first aid for this group is a solution of household ammonia dabbed on the sting site. Frequently prompt medical aid must be sought.

Chiggers, known to Floridians as redbugs, are usually found wherever there is heavy brush or undergrowth. Their bite brings an annoying itching and discomfort, and can cause loss of sleep and fever. The chigger is the first or larval stage of a large red velvet mite which is entirely harmless when mature. Chiggers attach themselves to the skin and suck blood, and even though they are very small, they can inject a large quantity of poisonous material into the person they fasten on. This poison causes the itching. There are numerous theories as to how to protect one's self from chiggers. Probably the best is to wear clothing that will keep them from climbing the legs, such as high top boots over trousers, or to wear specially treated clothing. A repellent containing Rutgers 612 in an oil base is often effective on the skin. Bathing with laundry soap will sometimes help to dislodge them.



A cross section of the skin showi



follicles, blood vessels, nerves, etc.

Impetigo, often erroneously called "Florida sores," "infantigo," and "eczema" is frequently seen in school children. These are round crusty sores, which have been preceded by small blisters. They may be seen on practically any part of the body. If the crusts are removed but the sores are not treated, a serum still oozes out and very soon forms another yellow-looking crust. New spots soon appear in the neighborhood of the original sores. It is contagious from one person to another, especially in children. It can usually be cleared up by the application of one of several drugs or ointments. Consult your physician. (Note: In children whose personal health habits are poor, itch and impetigo are sometimes found at the same time.)

Boils, contrary to an oft-stated popular belief, are not caused by an "inward poison." They are often seen in persons who are "run down," and where clothing has rubbed on the body particularly the neck and the buttocks. They start as a hard red sore area and eventually become filled with pus. Frequently a person will have a series of boils and should always see his physician when this occurs, as this may be a symptom of some other disease. Boils on the face are particularly dangerous as the infection could reach the brain covering. This is one of the reasons that you should never squeeze a boil that occurs in this area. Boils in the armpit are sometimes quite persistent. **Carbuncles** are regarded by doctors as a group of boils, and often occur at the nape of the neck. They take longer to heal and can be quite serious, for they are not only dangerous where they occur but can also have a bad effect on a person's whole body.

Athlete's foot is a fungus growth. It is usually found on the feet. Several varieties of fungus can cause this infection, a fact which complicates diagnosis and treatment. Men are more susceptible than women and children, although it can occur in either sex at any age. Most likely sites for picking up the fungus are public baths and swimming pools (where everyone is barefoot) or through contact with towels or garments which have been infected with the fungus spores. Most acute cases occur in the warm summer months when the fungus feeds on waste matter thrown off from the body through perspiration.

Athlete's foot is extremely difficult to eradicate entirely. During the winter months, the fungus has a tendency to "go to sleep," or lie dormant, only to break out again at the approach of warm weather. First evidence of infection is generally seen in the form of small blisters between the toes, accompanied initially by a mild itching sensation. These blisters are broken, generally by scratching or from contact with rubbing socks or shoes. From between the

In some areas when ringworm of the scalp becomes prevalent in a school, infected children are allowed to attend school if they wear a protective cap to keep other children from contracting the infection.

toes the infection sometimes spreads to other parts of the foot. Resulting breaks in the skin make it possible for other types of infection to enter the skin and the body. Patent medicines that many people use for this condition are advertised as effecting a quick cure, but this is not usually possible; the symptoms may temporarily disappear, then reappear, or the feet may become irritated by the strong substances used in these preparations.

Ringworm may be an infection of the skin, hair or nails, but we are particularly concerned here with what is called "ringworm of the scalp." This is most common in children under fourteen. It is usually contracted by direct contact or through caps, hairbrushes, or unsterilized barber's shears or clippers. Ringworm of the scalp causes a patch of hair to break off near the roots, leaving a bald or

This foolish young woman has burned herself — with the sun.

mangey spot. Where the infection is spreading through a school, the school health authorities may use a Wood's light in a darkened room to examine the children's heads, for hairs which are infected will shine with a bright greenish light when exposed to this light. Prompt medical attention should be sought for any scalp infection. (Note: Dandruff is a name given to a common scalp condition in which it is more or less covered with white scales which fall on the shoulders when the hair is brushed. This is caused by a fungus, too, and may irritate the scalp.)

Psoriasis is a skin disease which is usually characterized by raised reddish spots covered by silvery scales. It is not infectious and occurs both in men and women. It is frequently confused with

other skin disorders. It involves the skin and nails. Favored locations for this skin disease are the elbows, knees, the front of the legs and the lower part of the back. Its cause is not generally known. There is no standard method of treatment; each case must be individually treated.

Acne is one of the commonest skin disorders. It is usually an infection of the oil-producing glands of the face. It usually begins between the ages of twelve and eighteen. A greasy skin which is frequently seen in this disorder is often inherited. Most adolescents who have it will grow out of it, but unless prompt treatment by a doctor is secured their faces may be permanently scarred, thus causing great personal anxiety. Soap and water cleansing and restriction of greasy foods are indicated; if these procedures are carried out and are not successful, a doctor should be consulted for there are many types of treatment that can be used.

Fever blisters are caused by a virus. They are usually found around the lip but can occur on other parts of the body (cheeks, nose, ear, buttocks). These blisters break and then scab over with a crust. This disease is common to all ages, but is more likely to affect children. It often accompanies a bad cold or following exposure to strong sunlight. Fever blisters will often recur several times a year for several years with or without cause. They usually clear up without any bad effects.

Warts are another skin condition caused by a virus. There are several kinds, among them juvenile warts which occur in great numbers on the hands and faces of children; common warts which usually are found on the hands; and plantar warts which occur on the ball of the foot or on the heel. Warts frequently require no treatment and will disappear spontaneously. However, some warts require special medical treatment. One of the great dangers is for an individual to act as his own physician and try to remove warts by burning them with caustics.

Cancers of the skin may just arise in the skin or develop from a mole, wart or callus. They usually occur on the face or hands and are more common in the older age group. They may be at first mistaken for a pimple or appear as a scaly place which may occasionally bleed. This latter type is usually slow-growing and can be cured by surgery, X-ray or radium. Skin cancers which develop from moles or warts, usually grow faster and are more difficult to cure. Cancer is more likely to develop in these growths if they are irritated (shaving, chafing of clothing, etc.). Any of the following signs should be brought to your doctor's attention if you have a wart or mole:

1. Increase in size

2. Failure to heal
3. Ulceration or unexplained bleeding
4. Inflammation or pain

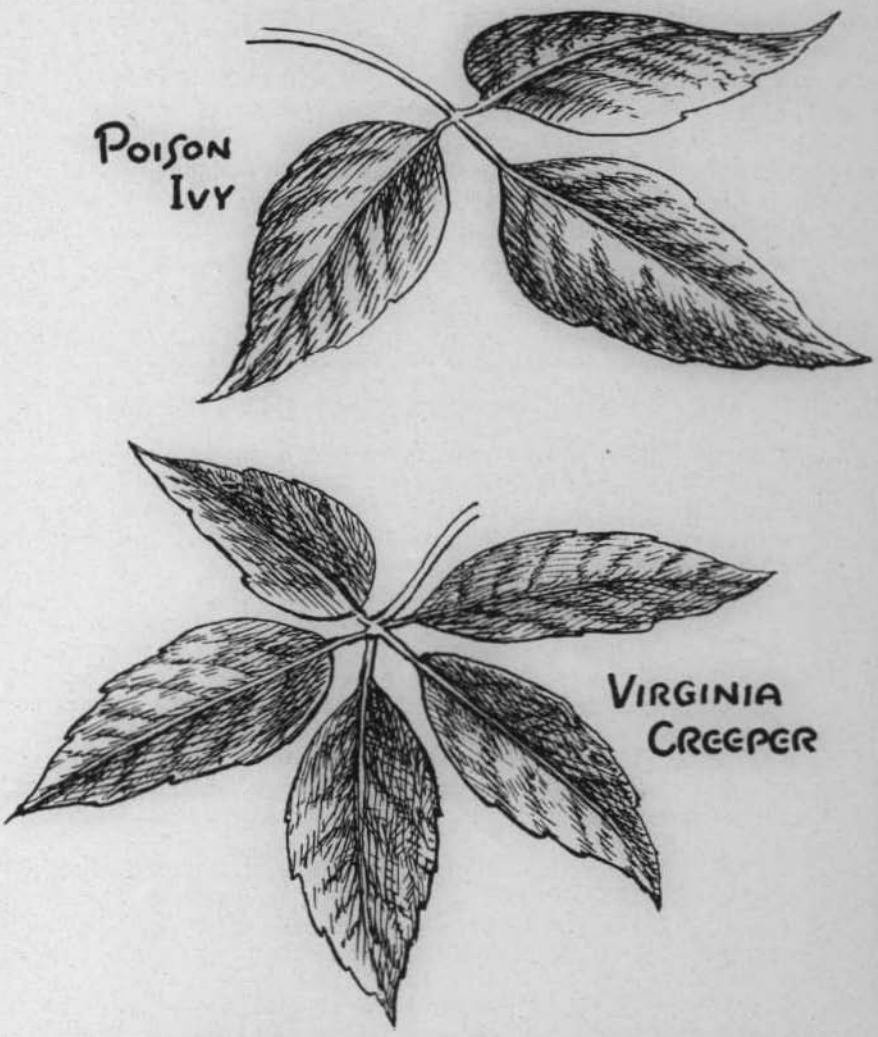
Dermatitis means "inflammation of the derma," the outer layer of the skin. In Florida we are concerned frequently with **fruit dermatitis** which is seen almost entirely in the citrus sectionizing industry. Fruit peelers may get numerous reddened blisters, like those seen in poison ivy, and those who section oranges and grapefruit may have this condition in a chronic state. It occurs around the fingernails and in the webs of the fingers. Occasionally the fingernails are lost. This is probably due to the constant wetting of the skin with citrus juice which contains citric acid.

Poison ivy dermatitis occurs in people who are sensitive to this plant. Numerous small irritated blisters and swelling of the hands and face is not unusual. An attack can sometimes be averted if soon after exposure the hands and face and legs are thoroughly washed with ordinary laundry soap. Although some people recommend poison ivy "shots" as a preventive, most doctors feel that they are dangerous to use. Harmless Virginia Creeper closely resembles poison ivy. Too, there is a poison Sumac bush as opposed to the ordinary harmless variety.

Some people have a greater degree of **skin-sensitivity** than others. A wide variety of substances can cause eczema, a form of dermatitis. More commonly-known substances which cause trouble, and their favored sites include:

1. Certain types of scalp lotions, "hair-growers," hair dyes, cloth, leather, fur and other materials used in headgear, find the scalp and forehead a focal point in sensitive people.
2. Airborne dusts, pollens, sprays, soaps, perfumes, eye-drops and ointment, cosmetics, eye-lash and eyebrow dyes may affect the eyelids, together with any of the substances elsewhere, including nail polish, carried to the eyelids by the fingers.
3. Airborne substances, cosmetics, shaving soaps, creams, lotions and ointments can contain elements causing facial dermatitis, together with other infective agents carried by the hands and fingers to the face and neck. Nasal drops, sprays and ointments may affect the nose, while cosmetics, toothpastes and mouthwashes may affect the lips.

Corns and **calluses** provide a tipoff to self-damage to the skin. Corns usually form on the tops of and between the toes, and generally result from too much walking or standing in tight or ill-fitting shoes. Calluses result from the same general causes. Both sometimes require treatment by foot specialists. The presence of plantar warts sometimes provide a complication where calluses are concerned.



Floridians should learn the difference between Virginia Creeper, which is harmless, and Poison Ivy. Note that the latter has three leaves.

There are skin conditions caused by abnormal pigmentation. The normal skin contains a certain amount of color-producing pigment known as melanin. The amount of melanin in the skin determines the color; the amount present being dependent upon the race and inherited characteristics. Occasionally a person is born without skin pigment, causing a condition known as "albinism." An albino has white or pink skin, white hair and blue eyes. Albinism may be complete or partial. Partial albinism results in a spotted or piebald

appearance. It is present from birth and does not change throughout a lifetime.

There is another condition, however, acquired usually during middle life, known as **vitiligo.** In this condition, milky-white patches of various sizes and shapes develop over the body — most frequently on the hands. The only problem in vitiligo is the question of appearance since there is believed to be no danger associated with this condition. There are also other conditions which cause white spots on the skin. Consult your physician.

★ ★ ★

THE PRINCIPAL FUNCTIONS OF THE SKIN

1. THE OUTER WALL: can open and close as needed. It can open to discharge waste products generated by continuous breaking down, growth and repair of body tissues. It can close tightly to protect the body against attack. It can help to repair itself if damaged.
2. PIGMENTATION: skin color is determined by several factors, including climate, exposure to sun and state of general health. The skin also contains a substance known as melanin, a significant factor in determining skin color, ranging from creamy white to yellow to brown to black. The more melanin, the deeper the color.
3. SECRETION: the skin contains both sweat and oil glands. These glands furnish an oily moisture to the skin, keeping the outer surface soft and pliable, much as shoe polish preserves the leather of shoes.
4. SENSATION: the four principle types of skin sensations include tactility (touch perception); pain (a warning of danger); heat and cold. These sensations offer a means of protection against various agents aimed at the skin in particular and the body in general.
5. THERMOSTATIC: the skin serves a highly effective purpose as a heat regulator, closing against cold and sending a request for more heat to combat a chill that can destroy the skin through frostbite and freezing; opening under heat to put the sweat glands to work as an aid to lowering the body heat through evaporation.
5. DIAGNOSTIC: as the most accessible organ of the body, the human skin is also an important aid to diagnosis of disease. Ailments which attack the skin directly are readily noted. Important clues to internal illnesses are suggested as skin color often reveals liver disorders (jaundice); dietary deficiencies (pellagra, anemia); infections (syphilis, measles, smallpox), etc.

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All counties in Florida have organized county health departments except St. Johns County

FLORIDA HEALTH NOTES published by Florida State Board of Health since 1892

Beauty is more than skin deep. An attractive and healthy skin usually reflects general well-being. While many persons go through life with a minimum of skin troubles, there are others who are beset by many annoyances and actual suffering in this respect. Self-diagnosis and treatment often aggravates a skin condition. Seek a physician's advice.

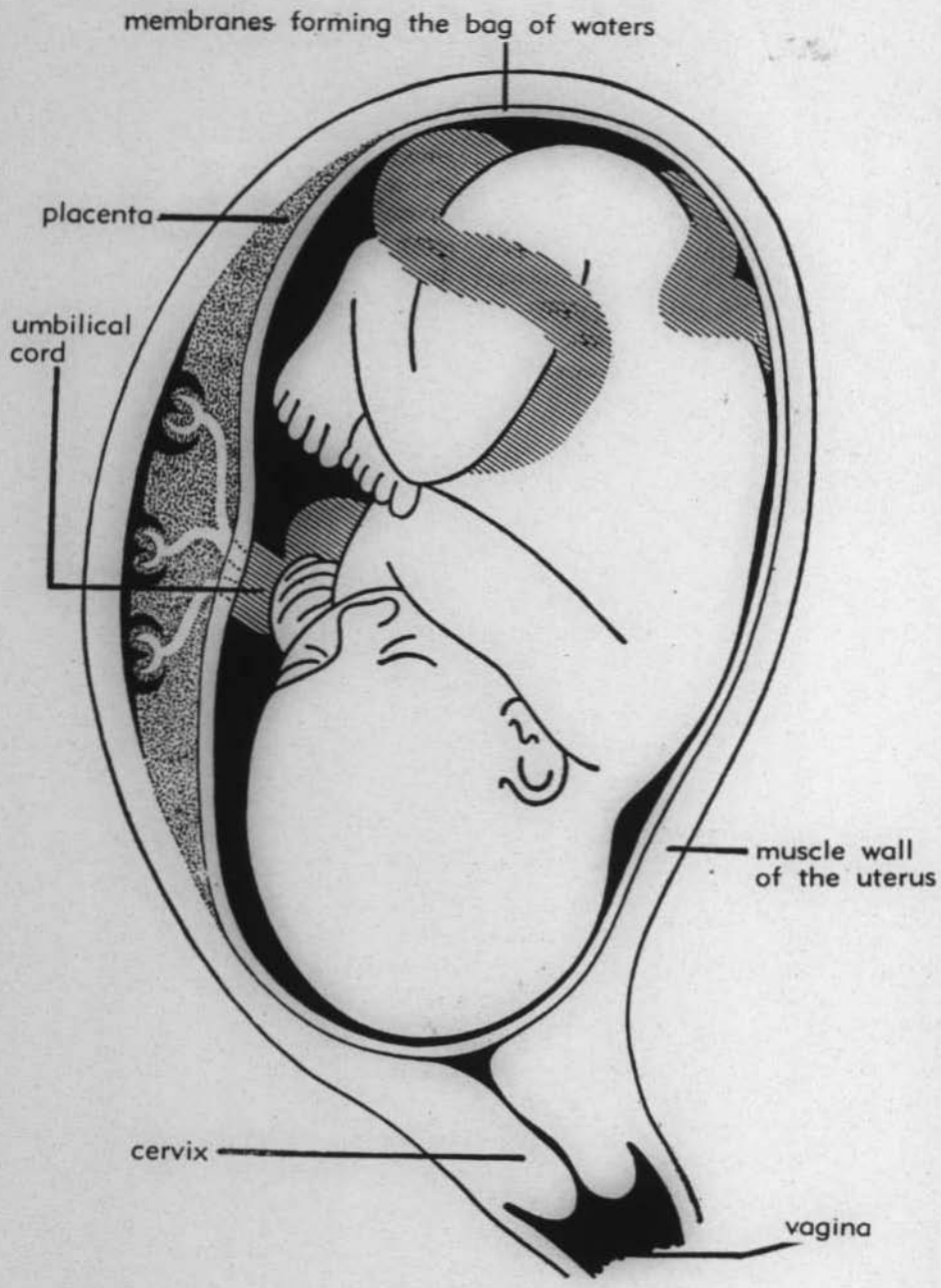
Florida HEALTH NOTES

Dec. 1954

MOTHER TO BE

Vol. 46 No. 10

FULL TERM BABY IN THE UTERUS



MOTHER TO BE

Here are some stories of mothers-to-be. Their like will be found in every nook and corner of Florida today. Read and take heed, for every year too many mothers and babies die in Florida. Of course, one would be too many—if they were ours—and it has been shown that good prenatal and delivery care will drastically cut down on the number of mothers and babies who die in childbirth or suffer from unnecessary after effects.

This issue of FLORIDA HEALTH NOTES is dedicated to the doctors and nurses, hospitals and health departments—and the many others who fight day in and day out to keep childbirth what it should be—a normal event.

CASE No. 1

Mrs. Jane S., age 30: She came to the doctor's office stating she wanted to have a test done to find out if she were pregnant . . . very excited and anxious . . . was informed that such a test would cost at least $. She burst into tears and said she could not afford it; also that she was too old to have a baby. She was encouraged to discuss her problem with the doctor. He suggested she return in six weeks for examination since she had only missed one monthly period. The doctor stated that as she had no symptoms of illness there was no need to determine if she were pregnant at this time. After further sympathetic conversation, Mrs. S. revealed that she did not believe her husband wanted a baby. She was invited to return to see the doctor at the end of six weeks or two months and left apparently feeling happier.

FLORIDA HEALTH NOTES

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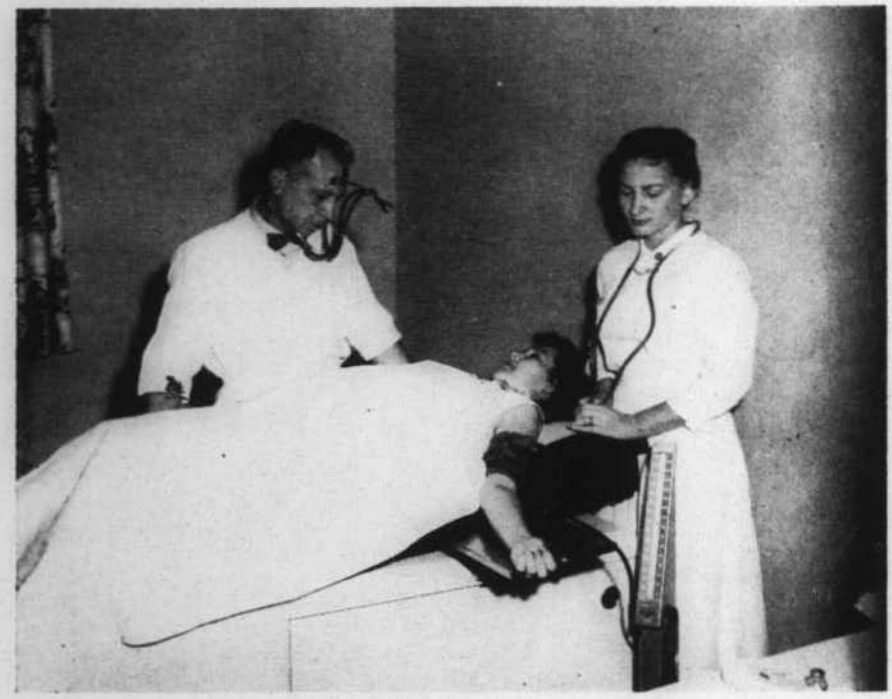
Mrs. S'. Thoughts

I feel so much better since I talked to the doctor. He seemed to understand my problem. I was so afraid that George didn't want a baby, and maybe he doesn't, but the doctor pointed out that many husbands get excited when their wives first become pregnant. He said they're frightened because they have heard their mothers and aunts talk about terrible births; he's afraid his wife will die; he thinks it is going to cost him too much money. Sometimes, too, he's afraid his wife will love the baby too much and him a little less . . . as if that could happen to me! The baby will be ours. Anyway, the doctor said for me to try to be as understanding as possible. He gave me a pamphlet on prenatal care to read and told me when I came back to bring a specimen of urine. The doctor said I must be sure and come back; if I wasn't pregnant and didn't menstruate I probably needed some medical treatment. The doctor said I would just have to learn to be patient; that the hardest part is the waiting.



The doctor prepares to listen to the baby's heartbeats. The stethoscope is placed on the mother's abdomen. The nurse is prepared to take a blood pressure reading.

CASE No. 2

Mrs. Elma A., the wife of a turpentine worker, was admitted to the County Hospital Maternity Clinic. She had been referred to the clinic by the medical social worker to whom she had applied, who found that her husband made a small salary so that Mrs. A. was eligible for this service. This is Mrs. A's third pregnacy and she is now in her fourth month. She is anxious to get good medical care as she had a lot of trouble with her first baby. She has discomfort with varicose veins in her legs and is also somewhat anemic. Her diet is poorly planned. She seems tired and depressed and is having an occasional toothache. States she lost a tooth each time before when she was pregnant. Was advised concerning her varicose veins and diet and to return to the clinic in two weeks, when arrangements would be made for her to get dental care.

The public health nurse's comments:

Mrs. A. did not go back to the clinic in two weeks so the nurse in charge asked me to check on her. I visited her and found that she hadn't returned because she "felt pretty good," and hadn't had any more toothache. Hadn't realized the necessity for regular visits. She had added a few vegetables to her regular diet but preferred a diet consisting mainly of meat and starches. The clinic doctor had advised her to elevate her legs several times during the day to help the varicose veins and to wear lastex stockings. She "put her legs up when she thought of it." No lastex stockings — couldn't afford them right now. She was reassured to know that you didn't have to lose teeth with each baby—you needed dental care during pregnancy, just as you do at any time. The baby draws calcium from the bones rather than the teeth. Promised to attend dental clinic as soon as an appointment could be made. She seemed pleased I was concerned about her and promised to attend the maternity clinic regularly from then on. (Note: and she did.)

What does "prenatal" mean? "Pre" means before; "natal" means birth. Prenatal—before birth.

CASE No. 3

Mr. and Mrs. Joe L. visited the doctor's office today. This is Mrs. L's first pregnancy. They seem to be delighted over the approaching baby and Mr. L. wanted to know about what he could do to help his wife. The doctor invited him to attend the fathers' classes that are held once a week at the health department. Mrs. L. was very pleased that her physical examination showed that she was in excellent condition. They have hospital and medical insurance and feel that this baby will not be too much of a financial burden. They asked many thoughtful questions, such as would Mrs. L. get fussy; what about brown spots on her face; what could she do to assure that she could nurse the baby. Their confidence in the doctor was most gratifying.

Doctor's comments

It certainly is a pleasure to have such an intelligent young man and woman come to my office. In the first place, they really want a baby. Mrs. L. knows it is an experience that every woman ought to have. They are very much in love and realize that the baby will bring them even closer. They're smart too to have hospital insurance which they procured one month after they were married! They have a good attitude toward pregnancy, knowing that most births are normal. I explained that some women do get a little fussy; that it is part of the tension and excitement that accompanies pregnancy but she could recognize what was happening very easily and realize that she was making other people miserable, too. I told her that the spots on the face were a pigmentation that occur in some women when they're pregnant. The reason is unknown. However, they always disappear soon after delivery. She is so happy to have the baby that I bet she will be prettier than ever . . . some women seem to almost bloom during this time.

I wish more women would want to nurse their babies. It solves a lot of problems, and gives most mothers great pleasure. I described some very simple procedures that she could use on her breasts that might make it easier for the baby to nurse.

I also told her that I appreciated the confidence she had in me, and assured her that the hospital she will be delivered in is one of the best.

Mr. L's thoughts:

That doctor sure knows what he is doing. We were happy before we went to see him but we came away delighted to know he understands our problems. I'm certainly going to attend that fathers' class. I want to be able to handle the baby without dropping him! The doctor says I will be amazed at some of the supplies we have to buy but we have a little money put away. Don't care what the baby is . . . be nice if it's a boy but I'd like a girl. Just as long as it's O. K. and Lou's all right too. I know that childbirth is normal but naturally I'm afraid. I do hope that she will get along all right. I've heard of a few husbands who got sick at their stomachs when their wives did. None of that for me! The baby's part mine so I ought to do what I can to help her get over the rough spots during her pregnancy. The doctor said she could and should do her own house work and continue most of her usual activities. It'll take her mind off some of the discomfort she may have later on when she gets bigger and near delivery time.

"Abortion" usually refers to the unavoidable loss of a baby during the first few months of pregnancy.

"Criminal abortion" refers to a deliberate attempt to get rid of a baby, usually early in pregnancy, by illegal means.

"Therapeutic abortion" is when for medical reasons a doctor (with other doctors in consultation) decides that a mother's life is in danger and the pregnancy must be interrupted.

"Miscarriage" may refer to the loss of a baby any time before the sixth month of pregnancy.

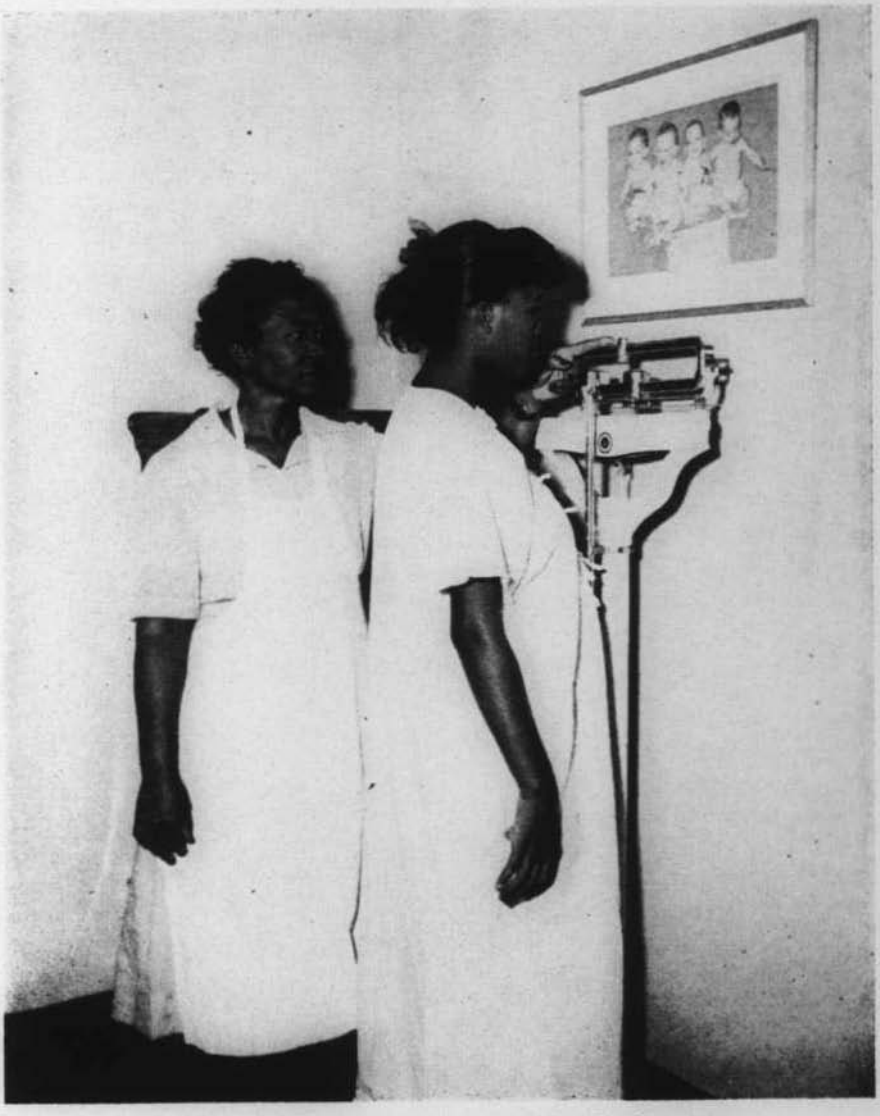
"Premature birth" is any time after the sixth month and before the full nine months are up.

CASE No. 4

Mrs. Sara Mae W. age 22, is a Negro mother who came to a County Health Department rural clinic for a physical examination. She was not enthusiastic about attending the clinic, but since she had engaged a midwife to deliver her, the county health department regulations required this examination. This is Mrs. W's third pregnancy. She lost the other two early in pregnancy. Very quiet and reserved, neverthless she relaxed enough to tell the public health nurse, who took her history, that she was afraid this baby would die too; that it might be marked since she had seen a corpse. Probably her greatest fear was that she would die during delivery.

Public health nurse

The results of the physical examination by the doctor gave no indication why she had lost her first two babies. However, since she had lost them she was told that she could not have a midwife but would be referred to the local hospital for delivery. A birth atlas was used to show her how the baby was connected to the mother only through the umbilical cord that carried blood and nourishment from the mother to the baby—therefore, it was impossible to "mark" a baby. Her blood pressure was taken and a pelvic examination was done. It was explained that this latter was done to see if the birth passage was large enough for the baby. A blood test was made to make sure she did not have syphilis which a mother can transmit to her unborn child, and which accounts for some dead babies. She was wearing simple, loose clothing but the danger of round garters in cutting off the circulation was explained and she was advised to wear socks or use a garter belt to hold up her hose. I gave her a very simple pamphlet on prenatal care to read since she had only been through the sixth grade.



A public health nurse from a county health department weighs in a maternity patient at one of their weekly clinics.

Comments of Director of the Bureau of Maternal and Child Health, Florida State Board of Health

It is a good thing we have not lost Mrs. W. before now and it would be interesting to know why she lost her first two babies. She is now in her fourth month and we can hope she is able to carry this one to term if she gets good medical care—which she did not have with the first two.

We lose too many mothers in Florida. We have the seventh highest maternal death rate in the nation, but we are making progress.

The problem of midwives is a big one with us. Mrs. W. lives in a rural area and it is not easy for her to get to town. We were glad we had a rural health center in that area that she could come to. Normal Negro maternity cases are not accepted in the local county hospital. However, they do accept any abnormal case that the local doctor at health center maternity clinic recommends and Mrs. W. is certainly one of those. But to get back to midwives, we still have over 300 in Florida who are licensed. They are at best a stop-gap since the majority of them have had no formal training. Their skill, such as it is, has been passed from mother to daughter and aunt to niece, etc. The County Health Department staff supervises these women as best they can and they are allowed only to deliver normal cases who have first visited one of our health centers for an examination by a physician. Most midwives feel that their work is a "calling" and the average one does not make very much money, having often to take her pay in produce or chickens. A woman having her third child, living many miles from a hospital, cannot always make it there in time when she goes into labor so until we get more hospitals and more doctors who will settle in the rural areas we may have to keep these midwives. The majority of them are honest, conscientious Negro women who do their best with a very limited educational background. Ten per cent of Florida's babies were delivered by midwives in 1953.

When should prenatal care begin? It really begins way back—before the mother ever becomes pregnant. If she has kept herself in good physical condition, if the father has done likewise—that's the beginning. Certainly routine prenatal care should begin no later than the third month of pregnancy.

Mothers and fathers-to-be learn about their new baby at a class conducted (for some private physicians' patients) by a registered nurse.

CASE No. 5

Mrs. Patricia Y. visited the doctor today. Stated it was her first pregnancy at age 23 . . . . is approximately three months pregnant . . . seems anxious to follow doctor's instructions but is extremely nervous and apprehensive. Recently read an article on German measles and its effect on unborn babies when the mother has them during pregnancy; is worried about possibility of having deformed child; about the Rh factor; wonders if the sex of her child couldn't be foretold now! Also, talked a lot about the possibility of hemorrhage. Her mental state is affecting her physical health, as she sleeps poorly and does not eat sufficiently. She was permitted to "air" her fears freely; left slightly reassured.

Doctor's comments:

This poor woman, already a nervous type, is going to run herself and everyone else around her out of their wits before she has this baby—if we don't help her. It's a case where she's read just enough to give her a little knowledge—and being the type she is, she's dwelt on the abnormal. I spent twice as much time with her as I do with most patients.

I told her that there was no way to determine the sex of her child ahead of time and I wonder what difference it would make if she did know. I emphasized that in getting good prenatal care she would be doing all she could to assure a normal and healthy baby. I said it was possible for anyone to have a deformed child, but it was also possible for her to be struck by lightning.

As to the Rh factor, I told her she was not "Rh negative" so she could stop worrying about that.

A lot of women have worries and fears when they are pregnant. Sometimes having a baby makes a woman grow up; sometimes not. Mrs. Y is the kind of woman that needs the best that a doctor can give her, not only in medical care but of himself in his ability to listen and be sensibly sympathetic.

CASE No. 6

Mrs. Gladys D. was seen by a public health nurse three weeks ago. A neighbor (whom the nurse was visiting) said Mrs. D. was six and one-half months pregnant and not feeling well. When the public health nurse called on her, she found Mrs. D. lying on a couch, her feet and hands swollen, complaining of dizziness. This was her second pregnancy. Upon inquiry, she stated she had not seen a physician . . . . "didn't really think it was necessary." She was delivered of her first baby (without any prenatal care) by a staff doctor in a general hospital and got along all right. She stated she knew she should have gone to a doctor with this swelling but "doctors were expensive", her husband made a small salary and anyway, her mother said "prenatal care was a lot of foolishness."

The public health nurse tried to tell her why medical care was necessary; pointed out she had symptoms of serious complications that should be treated immediately by a physician. Mrs. D. agreed but wanted to wait until her husband came home from a trip. Three weeks later, never having seen a physician, she was rushed to the hospital in labor. After a difficult time she was delivered of a 4-pound, three-ounce premature-baby which lived only a few hours.

The County Health Officer comments:

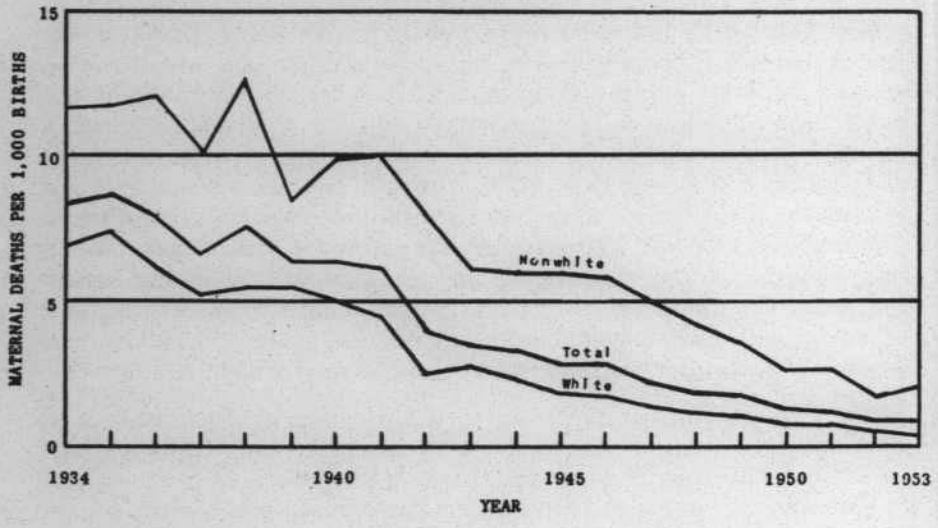
It makes you sick to watch something like this happen because maybe that baby could have been saved; and the next time Mrs. D. gets pregnant it may happen again. It would be interesting to know the real reasons why she didn't go see a doctor. Was it her old-fashioned mother, fear of her husband, her own ignorance—or what? If it was money, and she couldn't afford a private physician, she could have attended our county health department clinic. Several of our local doctors who are specialists (obstetricians) staff our clinic and a woman coming here gets the best of care. If it was ignorance, maybe all of us who try to do health education should try to do better.

Prematurity contributes to the deaths of many infants in Florida. About eight per cent of the infants born in Florida in 1953 were born prematurely.

But the picture isn't all bad though. Look at what's happened in the past twenty years. (See graphs on next page)

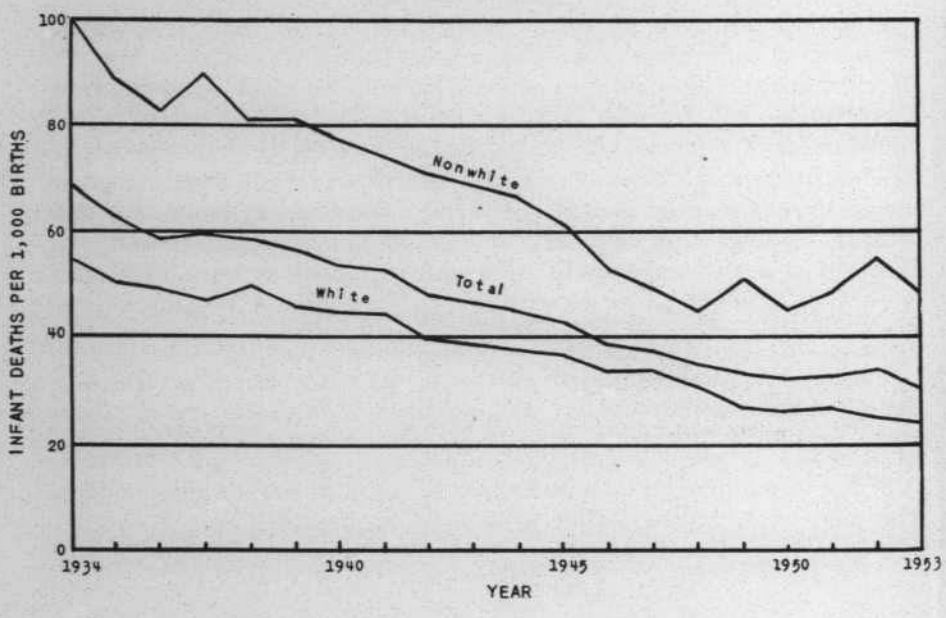
RESIDENT MATERNAL DEATH RATES BY COLOR, FLORIDA, 1934-1953

(Per 1,000 Births)



RESIDENT INFANT DEATH RATES BY COLOR, FLORIDA, 1934-1953

(Per 1,000 Births)



SOME CAUSES AND NUMBERS OF MATERNAL DEATHS IN FLORIDA, 1953

Toxemias of pregnancy	24
Hemorrhage of pregnancy	14
Ectopic pregnancy (in the tube)	9
Sepsis of pregnancy ("infection")	6
Abortion with sepsis	5
Other complications	9

CASE No. 7

Miss Ruth K. was very uncommunicative when she visited the doctor's office. She refused to give any history to the nurse. When she was admitted to the doctor's private office she was quite evasive but finally revealed that she wished to have a criminal abortion performed. She believed that she was about three months pregnant. The doctor emphatically told her that he did not perform illegal operations. He explained the great risk in interrupting any pregnancy, for not only did it kill the baby but the mother's life was often placed in great danger. But Miss K. was unmarried and could see no way out of this dilemma. The doctor offered to refer her to a social agency that might be able to help her. She reluctantly accepted this suggestion. Before she left the office he insisted on doing a routine physical examination on her and found no abnormal signs or symptoms. However, she complained of severe nausea in the mornings. The doctor suggested that she try eating a small amount of dry food, such as crackers, early in the morning before arising, and gave her a sedative. He noted on his record that the nausea was probably aggravated because of her mental turmoil over her situation.

She makes clothes; he takes care of the new baby's bassinet.

Social Worker's comments:

Miss K. visited me this morning . . . was extremely frightened lest someone would see her come in my office until I explained to her that our office saw many different kinds of people every day and she would never be noticed. It is so sad to see an attractive young girl (Miss K. is only 19) in this fix. There is not space here for a social history but Miss K.'s father is dead and her mother has taken little interest in her for the past several years. This is probably because she has to work to support the family. Too many of these unwed pregnant girls come to this office but at least we have less deaths from criminal abortions than we used to.

My recommendations were to let me refer her to an agency in another city where no one would know her. She could stay in a home until it was time for her to be delivered when she would go to a hospital and get excellent care. Naturally she would have good prenatal care all along. While she is in the home she will be helped to make a plan for her future to prevent such a disaster occurring again. She says she will return tomorrow to give me her answer. I hope and pray it will be "yes" to these plans.

This issue of HEALTH NEWS has only discussed some of the problems of the prenatal period. There are other problems, too, concerned with the time of delivery and the postpartum (the time after birth) period which are equally important. For further information, write to the Division of Health Information, Florida State Board of Health, Jacksonville, Florida, and ask for a copy of the Children's Bureau publication "Prenatal Care."

"Even if you want the baby very much and have been hoping and planning for one, you may have doubts at times whether you can carry out all the demands a family puts upon you. This is a perfectly natural feeling. It is natural, too, to hide away many of such doubts and feelings. Most women have been brought up to think that of course all mothers want and love their babies and are ready and able to take good care of them. They feel ashamed and guilty if they wonder at times whether they really want a baby and can make a go of it. But it is no reflection on you to have such doubts. There is no need to feel ashamed. Most mothers have these questions, both before and after the baby comes. They may be more common during pregnancy when you have more time to worry and cannot see the baby.

When these doubts and fears are hidden away, they may pop out in different form; for example, a sudden annoyance at the way you look or at something your husband said. Or you may want to cry, without knowing just why. It is important to face these doubts and fears frankly. Get them out in the open and talk them over with an understanding person. Perhaps your husband or your mother, or some close friend can help you to talk them out. Some women find it easier to talk to someone outside the family, such as the doctor, the nurse, or the social worker. If you can look at these worries clearly, you may find they are not so alarming, after all."

(From Children's Bureau publication **Prenatal Care**)

RESIDENT INFANT MORTALITY, AND RATES PER 1,000 LIVE BIRTHS, BY COLOR, BY COUNTIES, FLORIDA, 1949-1953 (5 Yr. Period)

Counties	Births			Infant Deaths			Rates		
	Total	White	Colored	Total	White	Colored	Total	White	Colored
Alachua	7,269	4,574	2,695	230	116	114	31.6	25.4	42.3
Baker	937	647	290	29	19	10	30.9	29.4	34.5
Bay	6,529	5,240	1,289	203	135	68	31.1	25.8	52.8
Bradford	1,476	1,024	452	63	46	17	42.7	44.9	37.6
Brevard	3,970	2,966	1,064	138	68	70	34.8	22.9	65.8
Broward	11,757	7,131	4,626	461	171	290	39.2	24.0	62.7
Calhoun	1,050	860	190	37	24	13	35.2	27.9	68.4
Charlotte	362	296	66	14	9	5	38.7	30.4	75.8
Citrus	688	458	230	22	17	5	32.0	37.1	21.7
Clay	2,405	1,997	408	71	44	27	29.5	22.0	66.2
Collier	792	574	218	47	32	15	59.3	55.7	68.8
Columbia	2,445	1,530	915	84	45	39	34.4	29.4	42.6
Dade	57,510	45,058	12,452	1,596	1,094	502	27.8	24.3	40.3
De Soto	930	634	296	44	22	22	47.3	34.7	74.3
Dixie	473	395	78	27	19	8	57.1	48.1	102.6
Duval	43,225	30,904	12,321	1,299	741	558	30.1	24.0	45.3
Escambia	19,012	14,703	4,309	622	396	226	32.7	26.9	52.4
Flagler	469	178	291	24	5	19	51.2	28.1	65.3
Franklin	721	511	210	22	14	8	30.5	27.4	38.1
Gadsden	5,047	1,520	3,527	267	51	216	52.9	33.6	61.2
Gilchrist	381	335	46	6	6	.....	15.7	17.9	.....
Glades	190	106	84	5	3	2	26.3	28.3	23.8
Gulf	1,050	734	316	40	24	16	38.1	32.7	50.6
Hamilton	1,290	576	714	49	20	29	38.0	34.7	40.6
Hardee	1,075	941	134	49	40	9	45.6	42.5	67.2
Hendry	747	509	238	49	22	27	65.6	43.2	113.4
Hernando	840	558	282	25	14	11	29.8	25.1	39.0
Highlands	1,744	1,188	556	78	38	40	44.7	32.0	71.9
Hillsborough	31,110	25,594	5,516	988	690	298	31.8	27.0	54.0
Holmes	1,591	1,511	80	46	44	2	28.9	29.1	25.0
Indian River	1,507	964	543	35	21	14	23.2	21.8	25.8
Jackson	4,592	2,864	1,728	128	69	59	27.9	24.1	34.1
Jefferson	1,518	381	1,137	79	21	58	52.0	55.1	51.0
Lafayette	361	312	49	10	10	.....	27.7	32.1	.....
Lake	4,386	2,997	1,389	165	87	78	37.6	29.0	56.2
Lee	2,641	1,966	675	81	52	29	30.7	26.4	43.0
Leon	6,575	3,644	2,931	222	95	127	33.8	26.1	43.3
Levy	1,399	781	618	52	26	26	37.2	33.3	42.1
Liberty	406	329	77	21	18	3	51.7	54.7	39.0
Madison	2,179	811	1,368	104	19	85	47.7	23.4	62.1
Manatee	3,834	2,386	1,448	114	49	65	29.7	20.5	44.9
Marion	4,819	2,501	2,318	199	71	128	41.3	28.4	55.2
Martin	874	514	360	34	18	16	38.9	35.0	44.4
Monroe	4,839	4,316	523	148	122	26	30.6	28.3	49.7
Nassau	1,918	1,248	670	63	29	34	32.8	23.2	50.7
Okaloosa	5,453	5,144	309	155	143	12	28.4	27.8	38.8
Okeechobee	467	366	101	25	17	8	53.5	46.4	79.2
Orange	14,716	11,136	3,580	421	283	138	28.6	25.4	38.5
Osceola	1,061	833	228	39	33	6	36.8	40.0	26.3
Palm Beach	12,949	8,057	4,893	488	206	282	37.7	25.6	57.6
Pasco	2,161	1,731	430	66	45	21	30.5	26.0	48.8
Pinellas	13,785	10,950	2,935	380	235	145	27.6	21.7	49.4
Polk	15,739	11,628	4,111	510	315	195	32.4	27.1	47.4
Putnam	3,235	1,861	1,374	138	47	91	42.7	25.3	66.2
St. Johns	2,947	1,801	1,146	107	40	67	36.3	22.2	58.5
St. Lucie	2,943	1,537	1,406	153	52	101	52.0	33.8	71.8
Santa Rosa	2,689	2,387	302	90	73	17	33.5	30.6	56.3
Sarasota	3,079	2,342	737	106	67	39	34.4	28.6	52.9
Seminole	3,696	1,650	2,046	163	43	120	44.1	26.1	58.7
Sumter	1,369	862	507	49	18	31	35.8	20.9	61.1
Suwannee	2,256	1,489	767	97	56	41	43.0	37.6	53.5
Taylor	1,175	797	378	39	25	14	33.2	31.4	37.0
Union	584	375	209	7	3	4	12.0	8.0	19.1
Volusia	7,688	5,406	2,282	251	139	112	32.6	25.7	49.1
Wakulla	602	392	210	17	9	8	28.2	23.0	38.1
Walton	1,887	1,554	333	58	48	10	30.7	30.9	30.0
Washington	1,334	977	357	51	32	19	38.2	32.8	53.2

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All counties in Florida have organized county health departments except St. Johns County

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